		nt:	7	Fund Type:
/	Agency Name Adair Co	unty		State
9	Street Address 1204 Gre	eensburg St		
	City, State Zip Columbia	a, KY 42728		Other:
			8	Method of Payment:
2 H	KDE Contact Information:		1 -	Federal Cash Request
F	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
9	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
E	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	(Lump Sum
9	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3 [Description/Fund Source of A	ward and Fiscal Year:		Monthly
[Description	FY 16 Title VI—Rural and Low Income		Quarterly
F	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
F	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
F	Pass-through Number	3140002-15		
				Other
4 (Grant Authority (Source): NCI	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements,		
		uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR
	cost :e.p.co, a.ra / taare r.eq	T NOP ICIENT ON T NE	PAR	ED FUR
5	Award Amount: \$51,714.00			Evaluations:
	, , ,	5 0 0		33
6 F	Period of Award: July 1, 2015	S—September 30, 2017	o- E	DUCATION
	• •	S—September 30, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12 (Consortia/Partnership Memb	pers: N/A		
13 9	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	= -	t for the period ending September 30, 2017 MUST reflect er		
14	Authorized By (Name/Title):			Date: September 8, 2015
	D	vivision of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Ballard (County		State
	Street Address 3465 Page	ducah Rd		
	City, State Zip Barlow,	KY 42024		Other:
			8	Method of Payment:
2	KDE Contact Information:		N -	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	AJ A	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11//	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	- 7/		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B	4	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	A \	
	3			Other
		WD TILL MAD A D G L		
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements		150 500
	Cost Principles, and Audit Rec	quirements for Federal Awards in 2 CFR Part 200 and 3474.	EPAI	RED FOR
_	Award Amount: \$25,558.00			Evaluations:
5	Award Amount: \$25,558.00	3 0 6 6		Evaluations.
6	Poriod of Award: July 1, 2011	5—Santambar 20, 2017		
0	Period of Award. July 1, 201.	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A	ı	
13	_	·	-	ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect	encumbr	ances.
14	Authorized By (Name/Title):	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Barboury	ville Independent		State
	Street Address PO Box 5	520		
	City, State Zip Barboury	ville, KY 40906		Other:
			8	Method of Payment:
2	KDE Contact Information:		1 10	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	111	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		2CFR 3485, and the Uniform Administrative Requirements,		
		uirements for Federal Awards in 2 CFR Part 200 and 3474.	DAE	RED FOR
	, ,	I NOFICIENT OF THE	r Ar	LED FOR
5	Award Amount: \$13,164.00	5 0 0 0		Evaluations:
			Name of Street	
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
		KENTOCKT DEPARTMENT		DOCATION
12	Consortia/Partnership Memb	pers: N/A		
13				per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repor	t for the period ending September 30, 2017 MUST reflect er	cumbra	ances.
1.0	Authorized Du (Nove o /Title)	David Wielensham Dineston		Date: Cantanahan 0, 2015
14	Authorized By (Name/Title):	David Wickersnam, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	J	vivision of Consolidated Plans and Addits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bardstov	wn Independent		State
	Street Address 308 N Fi	fth St		
	City, State Zip Bardstov	wn, KY 40004		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 44	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	, ,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
	_			Other
_	Curant Authority (Course) NC	U.D. Title VII. Down D. Culturant 1 of ECEA. EDCAD 34 CED Down		
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Part 2CFR 3485, and the Uniform Administrative Requiremen		
		quirements for Federal Awards in 2 CFR Part 200 and 347		AED EOD
	Cost Filliciples, and Addit Net	quilements for Federal Awards in 2 CFN Fait 200 and 547	TEPAI	RED FOR
5	Award Amount: \$49,895.00			Evaluations:
	Award Amount: \$45,855.00	3 0 6 6		Evaluations.
6	Period of Award: July 1, 201	5—Sentember 30, 2017	-	
	renod of Award. July 1, 2015	5-3eptember 30, Zentucky Departmen	IT OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		1
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted	by Decem	ber 8, 2017. All funds must be spent or encumbered by September
	'='	rt for the period ending September 30, 2017 MUST reflec	-	
14	Authorized Du (Nove / Title)	David Wiekenshaus Dineston		Datas Cantambas 9 2015
14	· · · · · · · · · · · · · · · · · · ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Barren (County		State
	Street Address 202 W V	Vashington St		
	City, State Zip Glasgow	, KY 42141		Other:
			8	Method of Payment:
2	KDE Contact Information:		N m	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	4//	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
•		, 2CFR 3485, and the Uniform Administrative Requirements,		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
		T NOPICIENT ON T AL		ED FOR
5	Award Amount: \$90,393.00	5 11 ((Evaluations:
	, ,	5 0 0	lilenne.	
6	Period of Award: July 1, 201	5—September 30, 2017	0 F E	DUCATION
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OFE	DUCATION
12	Consortia/Partnership Mem	bers: N/A	•	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Deceml	per 8, 2017. All funds must be spent or encumbered by September
	I = -	rt for the period ending September 30, 2017 MUST reflect e		
14		David Wickersham, Director		Date: September 8, 2015
	[Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Bath Co	unty		State
	Street Address 405 W N	Лain St		
	City, State Zip Owingsv	ville, KY 40360		Other:
			8	Method of Payment:
2	KDE Contact Information:		W 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		, 2CFR 3485, and the Uniform Administrative Requirements,	*	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
	,	I NOFICIENT OF I NE	- Par	ED FOR
5	Award Amount: \$40,841.00	5 11 ((Evaluations:
		5 0 0	Manage.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
	,	RENTUCKY DEPARTMENT	OFE	DUCATION
12	Consortia/Partnership Mem	bers: N/A	•	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
		rt for the period ending September 30, 2017 MUST reflect e		
<u> </u>				
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		
1	ĺ			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bell Cou	nty		State
	Street Address 211 Virg	inia Ave		
	City, State Zip Pineville	, KY 40977		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
	,,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly .
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		_
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
	J			Other
4	Current Aceth a vita (Cacaras), NG	I.B. Title VI. Down D. Corbonant 1 of ECEA. EDGAD 24 CED Do		
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa		
		2CFR 3485, and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 34	h	TED FOR
	Cost Principles, and Addit Rec	juliellelits for Federal Awards III 2 CFK Part 200 and 34	KEPAF	RED FOR
5	Award Amount: \$55,054.00			Evaluations:
,	Awara Amount. \$33,034.00	3 0 6 6		Evaluations.
6	Period of Award: July 1 2015	5—September 30, 2017	-	
Ū	Teriod of Award: July 1, 2015	3-September 30, 2017 NTUCKY DEPARTME	NT OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A		
13	=		•	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST refle	ect encumbra	nces.
14	Authorized By (Name/Title):	David Wickersham Director		Date: September 8, 2015
	• • • • •	Division of Consolidated Plans and Audits		September 0, 2013
	_	AND OF COMMUNICATIONS AND AUDIES		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Berea In	dependent		State
	Street Address 3 Pirate	Pkwy		
	City, State Zip Berea, K	Y 40403		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source), NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	arts	
4		2CFR 3485, and the Uniform Administrative Requirem		
		juirements for Federal Awards in 2 CFR Part 200 and 34	III).	TED FOR
	Cost Filliciples, and Addit Net	qui enients for rederal Awards in 2 Crit Fart 200 and 3-	KEPAR	RED FOR
5	Award Amount: \$21,234.00			Evaluations:
•	7.1.1.2.7.1.1.0.2.1.1. \$2.1,23 1.00	3 0 6 6	line.	
6	Period of Award: July 1, 201	5—September 30, 2017		
•	, , , , , , , , , , , , , , , , , , , ,	3-September 30, ZENTUCKY DEPARTME	INT OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted.	ed by Decemb	ber 8, 2017. All funds must be spent or encumbered by September
	· = ·	rt for the period ending September 30, 2017 MUST refl	•	
14		David Wickersham, Director		Date: September 8, 2015
	[Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bracken	County		State
	Street Address 348 W N	∕liami St		
	City, State Zip Brooksv	ille, KY 41004		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	4 //	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements,		*
	Cost Principles, and Audit Red	quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
				E C
5	Award Amount: \$24,423.00	5 0 6 6	E	Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
42	C	Static fatte State State State Could be state for the state of the sta		
12	Consortia/Partnership Meml			
13	=	· · · · · · · · · · · · · · · · · · ·		ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.
14		David Wickersham, Director		Date: September 8, 2015
	[Division of Consolidated Plans and Audits		

Agency Name Breathitt County Street Address PO Box 750 City, State Zip Jackson, KY 41339 **Method of Payment:** **Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 **State	
City, State Zip Jackson, KY 41339 B Method of Payment: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Other: Rederal Cash Request Expenditure Reimbursement Automatic Payment	
8 Method of Payment: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT B Method of Payment: Federal Cash Request Expenditure Reimbursement Automatic Payment	
2 KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 □ Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT □ Automatic Payment	
2 KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 □ Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT □ Automatic Payment	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Expenditure Reimbursement Automatic Payment	
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum	
=	I
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year: Monthly	
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B 10 Financial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
T NOTICIENT OF T REPARED FOR	
5 Award Amount: \$38,657.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 EDUCATION	
Period of Award: July 1, 2013—September 30, 2017 TUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 8, 2017.	ember
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipient:			Fund Type:
	Agency Name Breckinr	idge County		State
	Street Address #86 Airp	ort Road		
	City, State Zip Hardinsk	ourg, KY 40143		Other:
			8	Method of Payment:
2	KDE Contact Information:		V 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	11	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
			111	Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		2CFR 3485, and the Uniform Administrative Requirements,	8	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
	,	I NOFICIENT OF THE		ILD FOR
5	Award Amount: \$52,763.00	5 0 0 0		Evaluations:
		, , , ,	Silver St.	
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
		RENTOCKT DEPARTMENT		DOCATION
12	Consortia/Partnership Memb	pers: N/A		
13	Special Instructions/Conditio	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
1.0	Authorized Du (Nove / Title)	David Wiekershore Director		Date: Cantarahan 0 2015
14	Authorized By (Name/Title):	David Wickersnam, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	_ L	division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Butler C	ounty	1	State
	Street Address PO Box	339	1	
	City, State Zip Morgan	town, KY 42261		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
•		, 2CFR 3485, and the Uniform Administrative Requirements,	1	•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
		T NOTICIENT OF T NE	FAI	EDFOR
5	Award Amount: \$42,746.00	5 11 6 6		Evaluations:
		5 0 0	Manua.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	A- E	DUCATION
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	•	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
		rt for the period ending September 30, 2017 MUST reflect e		
14	- ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		
1	1			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Caldwell	l County		State
	Street Address PO Box 2	229		□ Federal
	City, State Zip Princeto	n, KY 42445		Other:
			8	Method of Payment:
2	KDE Contact Information:		CHE	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	- 1 1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	arts	
	I	, 2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR
	• /	I NOTICILIVI OLI	ALTAI	LDTOR
5	Award Amount: \$39,685.00	5 11 0 0		Evaluations:
			The same of the sa	
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKY DEPARTME	INT OF L	DOCATION
12	Consortia/Partnership Meml	bers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ed by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.
		2 1147 1 1 21		
14		David Wickersham, Director		Date: September 8, 2015
	[Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Callowa	/ County		State
	Street Address PO Box 8	300		
	City, State Zip Murray,	KY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	·	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	***	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
	,, ,	- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	orts	
4		2CFR 3485, and the Uniform Administrative Requirem		
		juirements for Federal Awards in 2 CFR Part 200 and 34		TED FOR
	cost i illicipies, and Addit Net	direments for rederal Awards in 2 of Krait 200 and 3-	KEPAR	RED FOR
5	Award Amount: \$60,234.00			Evaluations:
•	7 22	3 0 6 6	-	33
6	Period of Award: July 1, 201	5—September 30, 2017		
	, ,	S-September 30, 2017 NTUCKY DEPARTME	NT OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September
	_	rt for the period ending September 30, 2017 MUST refl	-	
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Campbe	llsville Independent	1	State
	Street Address 136 S Co	olumbia		□ Federal
	City, State Zip Campbe	llsville, KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		2CFR 3485, and the Uniform Administrative Requirements,	N	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAL	RED FOR
		I NOTICILITI OCT AL		LD FOR
5	Award Amount: \$21,940.00	5 0 0		Evaluations:
		, , , ,	Name of Street	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
		RENTOCKT BEFARTMENT		DOCATION
12	Consortia/Partnership Mem	<u> </u>		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
	A .1	B : IME I I B: I		D. C. J. D. 2005
14	I	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Carlisle (County		State
	Street Address 4557 Sta	te Rt 1377		□ Federal
	City, State Zip Bardwell	, KY 42023		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	No.	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HII	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:	19	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements		
	Cost Principles, and Audit Req	uirements for Federal Awards in 2 CFR Part 200 and 3474.	FPAR	RED FOR
		THOTICIENT OF TH		LD TON
5	Award Amount: \$14,620.00			Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
			-	
12	Consortia/Partnership Memb	-		
13				ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	t for the period ending September 30, 2017 MUST reflect	encumbra	ances.
14	Authorized By (Name/Title):	David Wickersham Director		Date: September 8, 2015
17	• • • • •	vivision of Consolidated Plans and Audits		Date. September 0, 2015
	L	ivision of consolidated Flans and Addits		

Agency Name Carroll County Street Address S13 Hawkins St City, State Zip Carrollton, KY 41008	
City, State Zip Carrollton, KY 41008 Other:	
ROBE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address S00 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Pescription FY 16 Title VI—Rural and Low Income Program Consultant Receipt of Payment: Smelton Expenditure Reimbursement Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Program Consultant Progra	
Z KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT Ump Sum City, KY Zip Frankfort, KY 40601 Frankfort, KY 40601 3 Description FY 16 Title VI—Rural and Low Income Page 1	
Z KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT Ump Sum City, KY Zip Frankfort, KY 40601 Frankfort, KY 40601 3 Description FY 16 Title VI—Rural and Low Income Page 1	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description FY 16 Title VI—Rural and Low Income Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Rembursement Frequency: Monthly Quarterly	
Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Automatic Payment Lump Sum Receipt of Invoice from Vendor Rembursement Frequency: Monthly Quarterly	
Budget Contact Street Address Street Address City, KY Zip Frankfort, KY 40601 Description FY 16 Title VI—Rural and Low Income Unump Sum Receipt of Invoice from Vendor Quarterly	
Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 9 Receipt of Invoice from Vendor 9 Reimbursement Frequency: Monthly Description FY 16 Title VI—Rural and Low Income Quarterly	
City, KY Zip Frankfort, KY 40601 9 Reimbursement Frequency: Monthly Description FY 16 Title VI—Rural and Low Income Quarterly	
3 Description FY 16 Title VI—Rural and Low Income 9 Reimbursement Frequency: Monthly Quarterly	
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Monthly Quarterly	
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Quarterly Monthly Quarterly	-
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B Pinancial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
THE PANED FOR	
5 Award Amount: \$36,838.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
Period of Award: July 1, 2015—september 30, 2012NTUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	-
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Septem	er
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Carter Co	ounty		State
	Street Address 228 S Ca	rol Malone Blvd		Federal
	City, State Zip Grayson	, KY 41143		Other:
			8	Method of Payment:
2	KDE Contact Information:	-11	I II II	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	10	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirement		
		uirements for Federal Awards in 2 CFR Part 200 and 3474		RED FOR
	• ,	I NOTICIENT OF IT	LEAN	ILD FOR
5	Award Amount: \$89,452.00	5 0 0 0		Evaluations:
		2 0 0 0	Manual .	
6	Period of Award: July 1, 2015	5—September 30, 2017	T OF E	DUCATION
		KENTOCKY DEPARTMEN	I OF L	DOCATION
12	Consortia/Partnership Memb	pers: N/A		
13	Special Instructions/Conditio	ns: The final Federal Cash Request must be submitted	by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST reflect	encumbra	rances.
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Casey Co	punty		State
	Street Address 1922 N U	JS 127		
	City, State Zip Liberty,	KY 42539		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u>/</u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	arts	
		2CFR 3485, and the Uniform Administrative Requirement		
		uirements for Federal Awards in 2 CFR Part 200 and 34	h	RED FOR
		P NOTICIENT OF P	112	LD TON
5	Award Amount: \$44,030.00	SUCC		Evaluations:
			and the same of	
6	Period of Award: July 1, 2015	5—September 30, 2017	NT OF E	DUCATION
		KENTOCKI DEPARTIME	INT OF L	DOCATION
12	Consortia/Partnership Memb	<u> </u>		
13	=		•	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST refle	ect encumbra	ances.
1.6	Authorized Du /Alesse / 701	David Wielcombane Dinast-		Date: Contambar 0, 2015
14		David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	L	prision of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Caverna	Independent		State
	Street Address 1102 N I	Dixie Hwy.		
	City, State Zip Cave Cit	y, KY 42127		Other:
			8	Method of Payment:
2	KDE Contact Information:		PH-	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7-	
	,, ,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
	_			Other
4	Grant Authority (Source), NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR F	Parts	
4		2CFR 3485, and the Uniform Administrative Requirem		
		juirements for Federal Awards in 2 CFR Part 200 and 3	PROD.	DED FOR
	Cost Filliciples, and Addit Net	pullements for rederal Awards in 2 Crix Fart 200 and 3	THEPAR	RED FOR
5	Award Amount: \$13,849.00			Evaluations:
•	711141471111641111 \$23,613.00	3 0 6 6	ll-s	
6	Period of Award: July 1, 2015	5—September 30, 2017		
•		3-September 30, ZENTUCKY DEPARTME	ENT OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A	1	
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ted by Decemb	ber 8, 2017. All funds must be spent or encumbered by September
	_	rt for the period ending September 30, 2017 MUST ref	-	
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Clay Cou	ınty		State
	Street Address 128 Rich	imond Rd		
	City, State Zip Manche	ster, KY 40962		Other:
			8	Method of Payment:
2	KDE Contact Information:		1 -	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	11 17	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	,, ,		9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
			111	Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-	· · · · · · · · · · · · · · · · · · ·	2CFR 3485, and the Uniform Administrative Requirements,	8	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR
	. ,	T NOTICILITY OF THE		ILD FOR
5	Award Amount: \$62,781.00	S U C C		Evaluations:
		, , , ,		
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
			U1 L	DOCATION
12	Consortia/Partnership Mem			
13	'='			per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
14		Division of Consolidated Plans and Audits		Date. September 6, 2013
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pivision of Consolidated Flans and Addits		

Agency Name Clinton County Street Address Rt 4 Box 100 Hwy 127 Federal Other: 2 KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Quarterly Quarterly Quarterly Other Other Other Other State State	
City, State Zip Albany, KY 42602 City, State Zip Albany, KY 42602 Cother:	
RDE Contact Information: Program Consultant	
XDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Quarterly Quarterly Other Description FY 16 Title VI, Part B, Subpart 1 of Elementary Other Other Automatic Payment Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Other City Contact Cash Request Expenditure Reimbursement Expenditure Reimbursement City Expenditure Reimbursement Expenditure Reimbursement City Automatic Payment Lump Sum Receipt of Invoice from Vendor City Reimbursement Frequency: Monthly Quarterly Quarterly Other City C	
XDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Prankfort, KY 40601 Quarterly Quarterly Other Description FY 16 Title VI, Part B, Subpart 1 of Elementary Other Other Automatic Payment Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Other City Contact Cash Request Expenditure Reimbursement Expenditure Reimbursement City Expenditure Reimbursement Expenditure Reimbursement City Automatic Payment Lump Sum Receipt of Invoice from Vendor City Reimbursement Frequency: Monthly Quarterly Quarterly Other City C	J
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Automatic Payment Lump Sum Receipt of Invoice from Vendor PReimbursement Frequency: Monthly Quarterly Other	
Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description Fy 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Automatic Payment Lump Sum Receipt of Invoice from Vendor Rembursement Frequency: Monthly Quarterly Quarterly Other	
Budget Contact Street Address Street Address Street Address City, KY Zip Frankfort, KY 40601 Description Fy 16 Title VI—Rural and Low Income Fund Source Fund Source Fund Source Fund Source Fund Source Vickie Terry: 502-564-4979 ext. 4330 Lump Sum Receipt of Invoice from Vendor Other	
Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601	
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Prankfort, KY 40601 9 Reimbursement Frequency: Monthly Quarterly Quarterly Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary PReimbursement Frequency: Monthly Quarterly Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Monthly Quarterly Other	
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Quarterly Other	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B 10 Financial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
THOPICIENT OR THE PARED FOR	
5 Award Amount: \$33,948.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
Period of Award: July 1, 2015—september 30, 201 NTUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Septem	er
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Corbin II	ndependent		State
	Street Address 108 Roy	Kidd Ave		
	City, State Zip Corbin, I	(Y 40701		Other:
			8	Method of Payment:
2	KDE Contact Information:		CH-	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u></u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B	1	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	arts	
7		2CFR 3485, and the Uniform Administrative Requirement		
		quirements for Federal Awards in 2 CFR Part 200 and 34	is a second	RED FOR
	Cost i illicipies, and i date nee	quirements for reacrain, the do in 2 or it raite 200 and 5.	REPAR	NED FUK
5	Award Amount: \$58,371.00	5 11 6 6		Evaluations:
		3 0 6 6	-	33
6	Period of Award: July 1, 2015	5—September 30, 2017		
		5-September 30, ZOTATUCKY DEPARTME	NT OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ed by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	=	rt for the period ending September 30, 2017 MUST refle	-	
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Crittend	en County		State
	Street Address PO Box :	362		
	City, State Zip Marion,	KY 42064		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	110	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		, 2CFR 3485, and the Uniform Administrative Requirements,		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
		T NOFICIENT OR T NE	- AI	IED FOR
5	Award Amount: \$25,600.00	5 11 ((Evaluations:
		0 0 0		
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
		RENTOCKY DEPARTMENT	OF L	DOCATION
12	Consortia/Partnership Mem	bers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Deceml	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect en	ncumbra	ances.
4.5	A II I I I I I I I I I I I I I I I I I	D : IME I I D: I		D. I. C. I. I. C. 2015
14		David Wickersham, Director		Date: September 8, 2015
	l	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Cumberland County			State
	Street Address PO Box	420		
	City, State Zip Burkesv	ille, KY 42717		Other:
			8	Method of Payment:
2	KDE Contact Information:		N Po	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11//	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1.	
			11	Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	- 7	
•		2CFR 3485, and the Uniform Administrative Requirements,		•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
		I NOTICIENT OF I VE	- PAI	EDFOR
5	Award Amount: \$18,387.00	5 11 6 6		Evaluations:
		5 0 0	lines.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
	, .	5-September 30, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	,	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	I = -	rt for the period ending September 30, 2017 MUST reflect e		
14	- · · · · · · · · · · · · · · · · · · ·	David Wickersham, Director		Date: September 8, 2015
	[Division of Consolidated Plans and Audits		
1				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Danville	Independent		State
	Street Address 152 E M	artin Luther King Blvd		
	City, State Zip Danville,	KY 40422		Other:
			8	Method of Payment:
2	KDE Contact Information:		011-	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	***	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
	,,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B	14	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
	J			Other
4	Current Aceth a vita (Cacaras), NG	I.D. Title VII. Down D. Colone at 1 of ECCA FDCAD 24 CFD Do		
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa 2CFR 3485, and the Uniform Administrative Requirement		
		juirements for Federal Awards in 2 CFR Part 200 and 34		SED FOR
	Cost Principles, and Addit Rec	juliellelits for Federal Awards III 2 CFK Part 200 and 34	'ALPAR	RED FOR
5	Award Amount: \$35,661.00			Evaluations:
,	Award Amount. \$33,001.00	3 0 6 6	_	Evaluations.
6	Period of Award: July 1 2015	5—September 30, 2017		
Ü	Teriod of Award. July 1, 2013	30, ZENTUCKY DEPARTME	NT OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	iber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST refl	ect encumbra	ances.
14	Authorized By (Name/Title):	David Wickersham, Director		Date: September 8, 2015
	• • • •	Division of Consolidated Plans and Audits		
	_			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Dawson	Springs Independent		State
	Street Address 118 E Ar	cadia Ave		
	City, State Zip Dawson	Springs, KY 42408		Other:
			8	Method of Payment:
2	KDE Contact Information:		M pa	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11/	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
			1	Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	-	
-	- 1	2CFR 3485, and the Uniform Administrative Requirements,		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
	3 3 3 3 3 3 3 3 3 3	NOFICIENT OF A	PAR	ED FUR
5	Award Amount: \$12,757.00			Evaluations:
	, , , , , , , , , , , , , , , , , , , ,	3 0 6 6	line.	33
6	Period of Award: July 1, 2015	5—September 30, 2017	o- E	DUGATION
	, ,	5—September 30, 2017	OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.
1.0	Authorized D. /Noses/Title/	David Wiekarsham Director		Date: Contombox 9, 2015
14	- ·	David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	_	Division of Consolidated Plans and Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Edmons	on County		State
	Street Address PO Box 1	129		□ Federal
	City, State Zip Browns	ville, KY 42210		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 44	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	-	
-	· · · · · · · · · · · · · · · · · · ·	2CFR 3485, and the Uniform Administrative Requirements		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
	good i i i i o i prosi, a i i a i i a a i i a a i i i a	MONTE LEVEL IN THE REAL WAY	EPAI	ED FUR
5	Award Amount: \$37,223.00			Evaluations:
	, , , , , , , , , , , , , , , , , , , ,	5 0 6 6	lines.	33
6	Period of Award: July 1, 201	5—September 30, 2017	E	DUCATION
	, ,	5—September 30, 2017 TUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Meml	bers: N/A	•	
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted b	y Deceml	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect	encumbra	ances.
4.5	A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D : Iwa I I D: I		D
14	I	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Elliott Co	ounty		State
	Street Address PO Box	767		
	City, State Zip Sandy H	ook, KY 41171		Other:
			8	Method of Payment:
2	KDE Contact Information:		CH.	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	- A \ -	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR F	Parts	
	I	2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	PROD.	RED FOR
	. ,	I NOTICILINI OLI	NL CAN	LD FOR
5	Award Amount: \$20,827.00	5 0 0		Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKY DEPARTME	ENT OF L	DOCATION
12	Consortia/Partnership Mem	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submit	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	rances.
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Eminence Independent			State
	Street Address 291 W. F	Broadway		
	City, State Zip Eminend	ce, KY 40019		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11//	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		>
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	- 11	
4	- 1	2CFR 3485, and the Uniform Administrative Requirements,		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		TED FOR
	Cost i filicipies, and Addit Net	quirements for rederal Awards in 2 criticalt 200 and 3474.	EPAF	RED FOR
5	Award Amount: \$15,904.00			Evaluations:
	7.11.4.7.11.04.11. \$23,30 1.00	3 0 6 6		
6	Period of Award: July 1, 201	5—Sentember 30, 2017	-	
	renod of Award. July 1, 2015	5-September 30, 2017 NENTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.
14	Authorized Du (Nove / Title)	David Miskanskans Dinastan		Date: Cantanahan 0, 2015
14	- ·	David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	_	Division of Consolidated Plans and Addits		

Agency Name	
City, State Zip Irvine, KY 40336 Other:	
8 Method of Payment: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Stock Contact Information: Stock Contact Inform	
2 KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Federal Cash Request Expenditure Reimbursement	
2 KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Federal Cash Request Expenditure Reimbursement	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement	
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum	
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B 10 Financial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
T NOFICIENT ON T NEPAMED FOR	
5 Award Amount: \$47,712.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
Period of Award. July 1, 2013—September 30, 2017 NTUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Se	ptember
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	'
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fleming County			State
	Street Address 211 W V	Vater St		
	City, State Zip Fleming	sburg, KY 41041		Other:
			8	Method of Payment:
2	KDE Contact Information:		W 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		2CFR 3485, and the Uniform Administrative Requirements,	*	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
	,	I NOFICIENT OR I NE	- Par	ED FOR
5	Award Amount: \$45,507.00	5 11 ((Evaluations:
		5 0 0	Manage.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
		RENTUCKY DEPARTMENT	OFE	DUCATION
12	Consortia/Partnership Mem	pers: N/A	•	
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	= -	rt for the period ending September 30, 2017 MUST reflect en		· · · · · · · · · · · · · · · · · · ·
<u> </u>				
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		
i				

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Floyd Co	punty		State
	Street Address 106 N Fr	ront Ave		
	City, State Zip Prestons	sburg, KY 41653		Other:
			8	Method of Payment:
2	KDE Contact Information:		CHE	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	· /	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	- 1 1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts	
		, 2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR
	. ,	I NOTICILIVI OLI	NETAL	LD FOR
5	Award Amount: \$115,523.00			Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKT DEPARTIME	INT OF L	DOCATION
12	Consortia/Partnership Mem	bers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.
4.5		2 11111		
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Gallatin	County		State
	Street Address PO Box 2	147		□ Federal
	City, State Zip Warsaw	, KY 41095		Other:
			8	Method of Payment:
2	KDE Contact Information:		V PR	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
			11	Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	• •	2CFR 3485, and the Uniform Administrative Requirements,	1	
	Cost Principles, and Audit Red	quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
		THOTICIENT OF THE		ED TON
5	Award Amount: \$32,300.00	S U C C		Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF F	DUCATION
			O1 L	DOCATION
12	Consortia/Partnership Meml			
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Deceml	ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
14	Authorized By (Name /Title)	David Wickersham, Director		Date: September 8, 2015
14	- · · · · · · · · · · · · · · · · · · ·	Division of Consolidated Plans and Audits		Date. September 6, 2015
	L	pivision of Consultated Plans and Addits		

	Name and Address of Recipient:		•	Fund Type:
	Agency Name Garrard (County		State
	Street Address 322 W M	laple St		
(City, State Zip Lancaste	r, KY 40444		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	41	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4 (Grant Authority (Source): NCI	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements,	8	•
		uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR
		MOPICIENT ON THE	PAIR	ED FOR
5	Award Amount: \$49,146.00			Evaluations:
		5 0 0	line.	3.1.3
6	Period of Award: July 1, 2015	—September 30, 2017	- E	DUCATION
	• •	5—September 30, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Memb	ers: N/A	•	
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	=	t for the period ending September 30, 2017 MUST reflect er		
14	Authorized By (Name/Title):			Date: September 8, 2015
	D	ivision of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Glasgow Independent			State
	Street Address PO Box	1239		
	City, State Zip Glasgow	, KY 42142		Other:
			8	Method of Payment:
2	KDE Contact Information:		N Po	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11/	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1.	
			11	Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	- 7	
•		, 2CFR 3485, and the Uniform Administrative Requirements,		•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
		T NOTICIENT ON T NE	- PAI	ED FOR
5	Award Amount: \$41,312.00	5 11 ((Evaluations:
		5 0 0	lines.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	0 F E	DUCATION
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	,	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	I = -	rt for the period ending September 30, 2017 MUST reflect e		
14	- · · · · · · · · · · · · · · · · · · ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:		
	Agency Name Graves (County		State		
	Street Address 2290 Sta	te Rt 121 N		□ Federal		
	City, State Zip Mayfield	, KY 42066		Other:		
			8	Method of Payment:		
2	KDE Contact Information:	011		Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	·	Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT	***	Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7 =			
	,, ,	- 1	9	Reimbursement Frequency:		
3	Description/Fund Source of A	ward and Fiscal Year:	1	Monthly Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965		_		
	CFDA#	84.358B		_ 📨		
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15				
				Other		
4	Grant Authority (Source): NC	I.B. Title VI. Part B. Subpart 1 of ESEA. EDGAR 24 CER D	orts			
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
		uirements for Federal Awards in 2 CFR Part 200 and 34		TED FOR		
	cost i illicipies, and Addit Net	unements for reactal Awards in 2 of Krait 200 and 3-	KEPAR	RED FOR		
5	Award Amount: \$87,268.00			Evaluations:		
•	7 .	3 0 0	1	39		
6	Period of Award: July 1, 2015	5—September 30, 2017				
	, ,	S-September 30, 2017 NTUCKY DEPARTME	NT OF E	DUCATION		
12	Consortia/Partnership Meml	pers: N/A	•			
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	ber 8, 2017. All funds must be spent or encumbered by September		
	_	t for the period ending September 30, 2017 MUST refl	-			
14	Authorized By (Name/Title):	•		Date: September 8, 2015		
		Pivision of Consolidated Plans and Audits				

1	Name and Address of Recipient:			Fund Type:
	Agency Name Grayson	County		State
	Street Address PO Box	4009		
	City, State Zip Leitchfie	eld, KY 42754		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
			11	Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-	· · · · · · · · · · · · · · · · · · ·	2CFR 3485, and the Uniform Administrative Requirements,	1	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR
	•	T NOTICILITY OF THE		LDTON
5	Award Amount: \$84,357.00	5 0 0 0	_	Evaluations:
		, , , ,		
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
		RENTOCKT DEPARTMENT		DOCATION
12	Consortia/Partnership Mem	bers: N/A		
13	'='			per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
1.0	Authorized Dy (Nome /Title)	David Wickersham Director		Date: Contember 9 2015
14		David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
		DIVISION OF CONSUMALER Plans and AdditS		

Agency Name Green County Street Address PO Box 369 City, State Zip Greensburg, KY 42743 **Method of Payment:** Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement					
City, State Zip Greensburg, KY 42743 Other:					
Reduct Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment Lump Sum					
KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum					
KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum					
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Expenditure Reimbursement Automatic Payment Lump Sum					
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum					
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum					
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor					
City, KY Zip Frankfort, KY 40601					
9 Reimbursement Frequency:					
3 Description/Fund Source of Award and Fiscal Year:					
Description FY 16 Title VI—Rural and Low Income Quarterly					
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other					
Secondary Education Act of 1965					
CFDA# 84.358B					
PR/AWARD NUMBER (FAIN) S358B150017					
MUNIS Project Number 350B Pinancial Reporting Method:					
MOA Number N/A Electronic Submission CDIP					
Pass-through Number 3140002-15					
Other					
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts					
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.					
T NOFICIENT ON T NEPANED FOR					
5 Award Amount: \$31,123.00 Evaluations:					
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION					
Period of Award: July 1, 2013—September 50, 2017 NTUCKY DEPARTMENT OF EDUCATION					
12 Consortia/Partnership Members: N/A					
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Septe	mber				
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.					
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015					
Division of Consolidated Plans and Audits					

1	Name and Address of Recipie	ent:	7	Fund Type:		
	Agency Name Harlan C	County		State		
	Street Address 251 Ball	Park Rd		□ Federal		
	City, State Zip Harlan, I	KY 40831		Other:		
			8	Method of Payment:		
2	KDE Contact Information:			Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7 =			
	,,,,,,		9	Reimbursement Frequency:		
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15				
				Other		
4	Grant Authority (Source): NO	TIP Title VI Part P Subpart 1 of ESEA EDGAR 24 CER D	arts			
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
		quirements for Federal Awards in 2 CFR Part 200 and 34	Oh.	TED FOR		
	cost i illelpies, and Addit Net	quirements for reactar Awards in 2 critical 200 and 3-	KEPAR	RED FOR		
5	Award Amount: \$76,758.00			Evaluations:		
	7, 3,7, 3,7, 3,7, 3,7, 3,7, 3,7, 3,7, 3	3 0 6 6	line.	39		
6	Period of Award: July 1, 201	5—September 30, 2017				
	, ,	3—September 30, 2017 NTUCKY DEPARTME	INT OF E	DUCATION		
12	Consortia/Partnership Meml	bers: N/A	<u>'</u>			
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ed by Decemb	ber 8, 2017. All funds must be spent or encumbered by September		
	· = ·	rt for the period ending September 30, 2017 MUST refl	-			
14		David Wickersham, Director		Date: September 8, 2015		
	[Division of Consolidated Plans and Audits				

1	Name and Address of Recipion	ent:	7	Fund Type:		
	Agency Name Harlan I	ndependent		State		
	Street Address 420 E Ce	entral St				
	City, State Zip Harlan,	KY 40831		Other:		
				-		
			8	Method of Payment:		
2	KDE Contact Information:		PHE	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7=			
			9	Reimbursement Frequency:		
3	Description/Fund Source of	Award and Fiscal Year:	11	Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15	- 1			
				Other		
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR F	Parts		\exists	
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
		quirements for Federal Awards in 2 CFR Part 200 and 3	*Ch	RED FOR		
	. ,	I NOTICILINI OLI	NECAN	LD FOR		
5	Award Amount: \$14,812.00	5 0 0		Evaluations:		
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION		
		RENTOCKT DEPARTME	ENT OF L	DOCATION		
12	Consortia/Partnership Mem	bers: N/A			1	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September		
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	rances.		
		B 1111/1 B			_	
14		David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				

Agency Name Harrison County Street Address 308 Webster Ave City, State Zip Cynthiana, KY 41031 State Federal Other:					
City, State Zip Cynthiana, KY 41031 Other:					
Steet Address Sou Mero Street-8 th Floor -CPT Street Address Sou Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Street Address Description FY 16 Title VI — Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Method of Payment:					
Automatic Payment Expenditure Reimbursement Street Address Sum					
Automatic Payment Expenditure Reimbursement Street Address Sum					
Program Consultant Street Address St					
Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Other					
Budget Contact Street Address Street Address Size t Address City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Description Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Lump Sum Receipt of Invoice from Vendor Quarterly Quarterly Other					
Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601					
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 PReimbursement Frequency: Monthly Quarterly Other Other					
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Reimbursement Frequency: Monthly Quarterly Other					
Bescription/Fund Source of Award and Fiscal Year: Description Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Monthly Quarterly Other Other					
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Monthly Quarterly Other Other	-				
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 Quarterly Other					
Secondary Education Act of 1965					
CFDA# 84.358B					
PR/AWARD NUMBER (FAIN) S358B150017					
MUNIS Project Number 350B Pinancial Reporting Method:					
MOA Number N/A Electronic Submission CDIP					
Pass-through Number 3140002-15					
Other					
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts					
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.					
Essert interpres) and read incline its 1811 cast at 1811					
5 Award Amount: \$58,157.00 Evaluations:					
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION					
Period of Award: July 1, 2015—September 30, 2017 TUCKY DEPARTMENT OF EDUCATION					
12 Consortia/Partnership Members: N/A					
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 8, 2017.	er				
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.					
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015					
Division of Consolidated Plans and Audits					

1	Name and Address of Recipient:			Fund Type:
	Agency Name Hart Cou	unty		State
	Street Address 25 Quali	ty Street		
	City, State Zip Munford	dville, KY 42765		Other:
			8	Method of Payment:
2	KDE Contact Information:	0116	M to	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	M D	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 44	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	, ,	- N.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B	4	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	A \	
				Other
_	Court Authority (Court Notes	N.D. Title VII. Death D. Colorent A. of ECCA. EDCAD 24 CED. Death	- 10	
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements quirements for Federal Awards in 2 CFR Part 200 and 3474.		TED FOR
	Cost Principles, and Addit Rec	quirements for Federal Awards in 2 CFR Part 200 and 3474.	EPAI	RED FOR
5	Award Amount: \$43,880.00			Evaluations:
	Award Amount. \$45,880.00	3 0 6 6		Lvaluations.
6	Period of Award: July 1, 2011	5—September 30, 2017	_	
0	reliou of Award. July 1, 201.	5-September 50, 2017	OF E	DUCATION
12	Consortia/Partnership Meml	bers: N/A		1
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	y Decem	ber 8, 2017. All funds must be spent or encumbered by September
	'='	rt for the period ending September 30, 2017 MUST reflect	-	
14	Authorized By (Name /Title)	David Wickersham, Director		Data: Contombor 9, 2015
14	· · · · · · · · · · · · · · · · · · ·	Division of Consolidated Plans and Audits		Date: September 8, 2015
		DIVISION OF CONSUMALEU PIANS AND AUGILS		

1	Name and Address of Recipion	ent:	7	Fund Type:		
	Agency Name Hazard I	ndependent		State		
	Street Address 705 Mai	n Street				
	City, State Zip Hazard,	KY 41701		Other:		
			8	Method of Payment:		
2	KDE Contact Information:		CH-	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7			
			9	Reimbursement Frequency:		
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15	1 1			
				Other		
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	arts			
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR		
	. ,	I NOTICILIVI OLI	ALTAI	LD FOR		
5	Award Amount: \$18,687.00	5 0 0 0	-	Evaluations:		
			The same of the sa			
6	Period of Award: July 1, 201	5—September 30, 2017	NT OF E	DUCATION		
		RENTOCKT DEPARTIME	INT OF L	DOCATION		
12	Consortia/Partnership Mem	pers: N/A				
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitt	ed by Decemb	nber 8, 2017. All funds must be spent or encumbered by September		
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.		
4.5		B 111111 1 B1 1				
14		David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				

1	Name and Address of Recipion	ent:	7	Fund Type:		
	Agency Name Hickmar	n County		State		
	Street Address 416 Wat	terfield Dr				
	City, State Zip Clinton,	KY 42031		Other:		
			8	Method of Payment:		
2	KDE Contact Information:		CHE	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	· /	Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7 =			
			9	Reimbursement Frequency:		
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15	- 1 1			
				Other		
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts			
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR		
	. ,	I NOTICILINI OLI	NETAL	LD FOR		
5	Award Amount: \$14,577.00	5 0 0 0		Evaluations:		
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION		
		RENTOCKT DEPARTME	INT OF L	DOCATION		
12	Consortia/Partnership Mem	bers: N/A				
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September		
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	rances.		
		D 1111/2 1 D 1				
14		David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				

1	Name and Address of Recipion	ent:	7	Fund Type:		
	Agency Name Hopkins	County		State		
	Street Address 320 S Se	minary St		Federal		
	City, State Zip Madisor	nville, KY 42431		Other:		
			8	Method of Payment:		
2	KDE Contact Information:		CH-	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7 =			
			9	Reimbursement Frequency:		
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15				
				Other		
4	Grant Authority (Source): NO	TIP Title VI Part P. Subpart 1 of ESEA EDGAR 24 CER D	Parts			
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,					
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	DED FOR		
	Cost i illelpies, and Addit Net	quirements for rederal Awards in 2 critir art 200 and 5	REPAR	RED FOR		
5	Award Amount: \$135,066.00			Evaluations:		
•			line.			
6	Period of Award: July 1 201	5—September 30, 2017				
•	Teriod of Award. Sary 1, 201	5-September 50, KENTUCKY DEPARTME	ENT OF E	DUCATION		
12	Consortia/Partnership Mem	bers: N/A				
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ed by Decemb	nber 8, 2017. All funds must be spent or encumbered by September		
	= -	rt for the period ending September 30, 2017 MUST ref	-			
14		David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				

1	Name and Address of Recipient:			Fund Type:
	Agency Name Jackson	County		State
	Street Address PO Box 2	217		
	City, State Zip McKee,	KY 40447		Other:
			8	Method of Payment:
2	KDE Contact Information:		M m	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	H/	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	4///	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1.	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements	.	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	EPA I	RED FOR
	•	Thorncall of the		LD I ON
5	Award Amount: \$41,825.00	S U C C		Evaluations:
		, , , ,		
6	Period of Award: July 1, 201	5—September 30, 2017	OF F	DUCATION
			OI L	DOCATION
12	Consortia/Partnership Meml	pers: N/A		
13		·		ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect ϵ	encumbra	ances.
1.4	Authorized D. /Nome /Title).	David Wiekersham Director		Date: Contambor 9 2015
14	Authorized By (Name/Title):	David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	L	Division of Consolidated Plans and Addits		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Johnson	County		State
	Street Address 253 N M	ayo Tr		□ Federal
	City, State Zip Paintsvil	e, KY 41240		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	No.	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HII	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:	19	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements		
	Cost Principles, and Audit Req	uirements for Federal Awards in 2 CFR Part 200 and 3474.	FPAR	RED FOR
		THOTICIENT OF TH		
5	Award Amount: \$71,964.00			Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
			V1 1	DOCATION
12	Consortia/Partnership Memb	-		
13				ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	t for the period ending September 30, 2017 MUST reflect	encumbra	ances.
14	Authorized By (Name/Title):	David Wickersham Director		Date: September 8, 2015
14	- · · · · · · · · · · · · · · · · · · ·	vivision of Consolidated Plans and Audits		Date. September 0, 2013
	L	ivision of Consolidated Flans and Addits		

Agency Name	1	Name and Address of Recipie	ent:	7	Fund Type:
City, State Zip Hindman, KY 41822 City, State Zip Hindman, KY 41822 Cother:		Agency Name Knott Co	punty		
Robe Contact Information:		Street Address PO Box 8	369		Federal
RDE Contact Information:		City, State Zip Hindmai	n, KY 41822		Other:
RDE Contact Information:					
Program Consultant Street Address Stoet Add				8	Method of Payment:
Street Address Budget Contact Street Address S00 Mero Street-8th Floor - CPT Budget Contact Street Address S00 Mero Street-16h Floor - CPT City, Ky Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI – Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PAWARD NUMBER (FAIN) MUNIS Project Number MOA Number MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474: Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474: Consortia/Partnership Members: N/A Special instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	2	KDE Contact Information:			Federal Cash Request
Budget Contact Street Address 500 Mero Street.16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PAWARD NUMBER (FAIN) S3888150017 MUNIS Project Number MOA Number N/A Pass-through Number 3140002-15 Award Amount: \$45,336.00 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$45,336.00 Fried of Award: July 1, 2015—September 30, 2017 NTUCKY DEPARTMENT of Elementary Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. Lump Sum Receipt of Invoice from Vendor Date: September 8, 2015		Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
Street Address 500 Mero Street-16 th Floor-CPT City, KY 2jp Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 6 Period of Award: July 1, 2015—September 30, 2017 TUCKY DEPARTMENT 10 Financial Reporting Method:		Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FV 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number N/A MOA Number N/A Pass-through Number 3140002-15 6 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESFA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u>/</u>	Lump Sum
Description/Fund Source of Award and Fiscal Year: Description PSY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PASS-through Number N/A Pass-through Number Africal Year: N/A Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. Pakeimbursement Frequency: Monthly Quarterly Other Other Financial Reporting Method: Electronic Submission CDIP Other Financial Reporting Method: Difference Submission CDIP Financial Reporting Method: Difference Submis		Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
Description/Fund Source of Award and Fiscal Year: Description		City, KY Zip	Frankfort, KY 40601	7 =	
Description/Fund Source of Award and Fiscal Year: Description				9	Reimbursement Frequency:
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$45,336.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	3	Description/Fund Source of A	Award and Fiscal Year:	1	
Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$45,336.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. September 8, 2015		Description	FY 16 Title VI—Rural and Low Income		Quarterly
CFDA# 84.358B PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$45,336.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. Date: September 8, 2015		Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015			Secondary Education Act of 1965		
MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$45,336.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. Date: September 8, 2015		CFDA#	84.358B		
MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$45,336.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		PR/AWARD NUMBER (FAIN)	S358B150017		
Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		MUNIS Project Number	350B	10	Financial Reporting Method:
Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		MOA Number	N/A		Electronic Submission CDIP
Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Evaluations: Consortia/Partnership Members: N/A Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		Pass-through Number	3140002-15		
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Feriod of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015					Other
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Feriod of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	1	Grant Authority (Source): NC	I.B. Title VI. Part B. Suhnart 1 of ESEA. EDGAR 34 CER Pa	rtc	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$45,336.00 Feriod of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	7				
5 Award Amount: \$45,336.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015					DED FOR
6 Period of Award: July 1, 2015—September 30, 2017 12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		Cost i illicipies, and i date nee	rainements for reactar, than as in 2 of that 2 co and 3 in	REPAR	ED FUR
6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	5	Award Amount: \$45.336.00	51166		Evaluations:
12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015			3 0 6 6	line.	35
12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	6	Period of Award: July 1, 2015	5—September 30, 2017	o. E	DUGATION
 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015 		, ,	KENTUCKY DEPARTMEN	NIOFE	DUCATION
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	12	Consortia/Partnership Memb	pers: N/A	I	
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances. 14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	13	· · · · · · · · · · · · · · · · · · ·	<u> </u>	d by Decemb	ber 8, 2017. All funds must be spent or encumbered by September
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015		=	· · · · · · · · · · · · · · · · · · ·	-	
	14				Date: September 8, 2015
Division of Consolidated Plans and Audits			Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Knox Co	unty		State
	Street Address 200 Dan	iel Boone Dr		□ Federal
	City, State Zip Barbour	ville, KY 40906		Other:
			8	Method of Payment:
2	KDE Contact Information:		N m	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HI I	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	4///	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements	.	
	Cost Principles, and Audit Red	quirements for Federal Awards in 2 CFR Part 200 and 3474.	FPAR	RED FOR
			- 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
5	Award Amount: \$85,556.00	SUCC		Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
12	Consortia/Partnership Meml			
13	=	· · · · · · · · · · · · · · · · · · ·		ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect ϵ	encumbra	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
	• • • • •	Division of Consolidated Plans and Audits		September 0, 2013
	<u>.</u>	The state of the s		

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name LaRue C	ounty		State
	Street Address 208 Coll	ege St		
	City, State Zip Hodgen	ville, KY 42748		Other:
			8	Method of Payment:
2	KDE Contact Information:		W 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	11/11	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
			11	Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
•		, 2CFR 3485, and the Uniform Administrative Requirements,	8	•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
		T NOFICIENT OR T NE	- PAI	EDFOR
5	Award Amount: \$46,963.00	5 11 ((Evaluations:
		5 0 0	lines.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	•	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	I = -	rt for the period ending September 30, 2017 MUST reflect e		
14	- · · · · · · · · · · · · · · · · · · ·	David Wickersham, Director		Date: September 8, 2015
	[Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Laurel C	ounty		State
	Street Address 718 Nor	th Main Street		□ Federal
	City, State Zip London,	KY 40744		Other:
			8	Method of Payment:
2	KDE Contact Information:		N m	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	, ,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly .
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
_	Court Authority (Course) NC	N.D. Title VI. Deet D. Colorest A. of ECCA. EDCAD 34 CED Deet		
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 2CFR 3485, and the Uniform Administrative Requirement		
		quirements for Federal Awards in 2 CFR Part 200 and 3474	-	TED FOR
	Cost Principles, and Addit Rec	quirements for rederal Awards in 2 CFK Part 200 and 5474	EPAI	RED FOR
5	Award Amount: \$179,995.00			Evaluations:
	Award Amount: \$179,555.00	3 0 6 6		Lvaluations.
6	Period of Award: July 1, 201	5—Sentember 30, 2017	_	
	relied of Award. July 1, 2013	5-September 50, 2017 NTUCKY DEPARTMENT	r of E	DUCATION
12	Consortia/Partnership Meml	bers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted	y Decem	ber 8, 2017. All funds must be spent or encumbered by September
	'='	rt for the period ending September 30, 2017 MUST reflect	-	
4.5	A 11 . 1 . 1 . 1	D. HWELL B.		D. C. I. I. O. 2015
14	· · · · · · · · · · · · · · · · · · ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Lawrence	e County		State
	Street Address PO Box 6	507		
	City, State Zip Louisa, F	XY 41230		Other:
			8	Method of Payment:
2	KDE Contact Information:		PH-	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u></u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	arts	
•		2CFR 3485, and the Uniform Administrative Requirem		
	1	quirements for Federal Awards in 2 CFR Part 200 and 34		RED FOR
		T NOFICIEIVI OF T	NEPAR	ED FOR
5	Award Amount: \$47,926.00	5 11 6 6		Evaluations:
		5 0 0	1	
6	Period of Award: July 1, 201	5—September 30, 2017	NT OF E	DUCATION
		RENTUCKY DEPARTME	INT OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST refl	ect encumbra	nces.
		5 (100)		
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Lee Cou	nty		State
	Street Address PO Box	568		Federal
	City, State Zip Beattyvi	lle, KY 41311		Other:
			8	Method of Payment:
2	KDE Contact Information:		CHE	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	- 1 1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR F	Parts	
		2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR
	. ,	I NOTICILINI OLI	NL CAL	LD FOR
5	Award Amount: \$19,735.00	5 0 0	-	Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKT DEPARTME	ENT OF L	DOCATION
12	Consortia/Partnership Mem	oers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ted by Decemb	ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	ances.
		B 111111 B1		
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:	
	Agency Name Leslie Co	ounty		State	
	Street Address PO Box 9	949			
	City, State Zip Hyden, k	(Y 41749		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT	71//	Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u>/</u>	Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:	100	Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B	9		
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15			
				Other	
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	rts		
-		2CFR 3485, and the Uniform Administrative Requireme			
		uirements for Federal Awards in 2 CFR Part 200 and 34		RED FOR	
	• ,	I NOTICIENT OF I	NL CAN	ILD FOR	
5	Award Amount: \$33,114.00	5 0 0 0		Evaluations:	
		2 0 0 0	Name .		
6	Period of Award: July 1, 2015	5—September 30, 2017	NT OF E	DUCATION	
		RENTOCKY DEPARTMEN	VI OF L	DOCATION	
12	Consortia/Partnership Memb	pers: N/A			
13	Special Instructions/Conditio	ns: The final Federal Cash Request must be submitted	d by Decemb	nber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST refle	ct encumbra	rances.	
14		David Wickersham, Director		Date: September 8, 2015	
		Division of Consolidated Plans and Audits			

I I .		nt:	7	Fund Type:
/	Agency Name Letcher C	County		State
9	Street Address 224 Park	St		
	City, State Zip Whitesbu	urg, KY 41858		Other:
			8	Method of Payment:
2 I	KDE Contact Information:		1 10	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
9	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	(Lump Sum
9	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3 [Description/Fund Source of A	ward and Fiscal Year:		Monthly
[Description	FY 16 Title VI—Rural and Low Income		Quarterly
F	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
l f	Pass-through Number	3140002-15		
				Other
4 (Grant Authority (Source): NCI	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements,		
		uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR
		MOPICIENT ON THE	PAR	ED FUR
5	Award Amount: \$61,775.00			Evaluations:
		5 0 0	Manua.	
6 1	Period of Award: July 1, 2015	—September 30, 2017 —DEPARTMENT	OF E	DUCATION
	·	KENTUCKY DEPARTMENT	OF E	DUCATION
12 (Consortia/Partnership Memb	ers: N/A		
13 9	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
3	30, 2017. The quarterly repor	t for the period ending September 30, 2017 MUST reflect er	cumbra	nces.
14	Authorized By (Name/Title):			Date: September 8, 2015
	D	ivision of Consolidated Plans and Audits		

Agency Name Lewis County Street Address PO Box 159 City, State Zip Vanceburg, KY 41179 **Method of Payment:**	
City, State Zip Vanceburg, KY 41179 Other:	
RDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment Street Address 500 Mero Street-16 th Floor-CPT Lump Sum Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 Prankfort, KY 40601 Monthly Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other Rembursement Frequency: Quarterly Other Quarterly Other Other City Ci	
XDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description FY 16 Title VI −Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Monthly Quarterly Other Other	
XDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description FY 16 Title VI −Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Monthly Quarterly Other Other	
Program Consultant Street Address S	
Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Whonthly Quarterly Quarterly Other	
Budget Contact Street Address Street Address Sincet Address Soo Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Budget Contact Street Address Soo Mero Street-16 th Floor-CPT Frankfort, KY 40601 Bescription/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Budget Contact Lump Sum Receipt of Invoice from Vendor Bescription Receipt of Invoice from Vendor Cuparterly Quarterly Other	
Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601	
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Prankfort, KY 40601 9 Reimbursement Frequency: Monthly Quarterly Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary PReimbursement Frequency: Monthly Quarterly Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary □ Other Other	
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Quarterly Other	
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Quarterly Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B • Inancial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
THOPICIENT ON THE PARED FOR	
5 Award Amount: \$45,058.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 EDUCATION	
Period of Award: July 1, 2013—September 30, 2017 TUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Septem	ber
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Lincoln (County		State
	Street Address PO Box 2	265		□ Federal
	City, State Zip Stanford	I, KY 40484		Other:
			8	Method of Payment:
2	KDE Contact Information:		100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		2CFR 3485, and the Uniform Administrative Requirements,	N	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAL	RED FOR
		I NOTICILITI OCT NI		LD FOR
5	Award Amount: \$75,046.00	5 0 0		Evaluations:
		0 0 0	Manual .	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
		KENTOCKT DEPARTMENT	OF L	DOCATION
12	Consortia/Partnership Mem	pers: N/A		
13	I = -			ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.
	A .1	D : IME I I D: I		D. C. J. D. 2005
14	I	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Livingsto	on County		State
	Street Address PO Box 2	219		
	City, State Zip Smithlar	nd, KY 42081		Other:
			8	Method of Payment:
2	KDE Contact Information:		V 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	\ \ \ _	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements,	7	
	Cost Principles, and Audit Red	quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
		THOTICIENT OF THE	W W N.W.	
5	Award Amount: \$22,582.00	5 0 6 6		Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
		The property of the facility of the property o		
12	Consortia/Partnership Meml	<u> </u>		
13	'='			per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect en	ncumbra	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
	I	Division of Consolidated Plans and Audits		September 0, 2013
	_	Singlet of Consolidated Figure and Addition		
	<u> </u>			

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Logan C	ounty		State
	Street Address PO Box	417		
	City, State Zip Russellv	ille, KY 42276		Other:
			8	Method of Payment:
2	KDE Contact Information:		CHE	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	· /	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	- 1 1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts	
		, 2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR
	. ,	I NOTICILINI OLI	NETAL	LD FOR
5	Award Amount: \$68,303.00	5 0 0 0		Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKY DEPARTME	ENT OF L	DOCATION
12	Consortia/Partnership Mem	bers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Lyon Co	unty		State
	Street Address 217 Jenk	kins Rd		□ Federal
	City, State Zip Eddyville	e, KY 42038		Other:
			8	Method of Payment:
2	KDE Contact Information:		V PR	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements,	1	
	Cost Principles, and Audit Red	quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
		T NOTICIENT OF THE		ED TON
5	Award Amount: \$16,974.00	S U C C		Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF F	DUCATION
			01 -	DOCATION
12	Consortia/Partnership Meml			
13				ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.
1.0	Authorized Dy /News /Title):	David Wickarcham Director		Data: Contombor 9 2015
14	- · · · · · · · · · · · · · · · · · · ·	David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	L	Division of Consolidated Plans and Audits		

Agency Name Magoffin County Street Address PO Box 109 City, State Zip Salyersville, KY 41465 **Method of Payment:** **Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Vickie Terry: 502-564-4979 ext. 4330 **State	
City, State Zip Salyersville, KY 41465 Other:	
Reconstruct Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Method of Payment: Federal Cash Request Expenditure Reimbursement Automatic Payment Automatic Payment	
KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Automatic Payment Automatic Payment Consultant Cons	
2 KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Expenditure Reimbursement Automatic Payment	
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum	
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B 10 Financial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
I NOFICIENT OF THE PANED FOR	
5 Award Amount: \$41,162.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
RENTOCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Septe	mber
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Marion	County		State
	Street Address 755 E M	ain St		□ Federal
	City, State Zip Lebanor	, KY 40033		Other:
			8	Method of Payment:
2	KDE Contact Information:		V III	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	-	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements,	1	
	Cost Principles, and Audit Rec	quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
		T HOTTCLENT OF THE	# # N. H.	ED TON
5	Award Amount: \$61,967.00			Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF F	DUCATION
			V .	DOCATION
12	Consortia/Partnership Meml			
13				ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
14	Authorized By (Name /Title):	David Wickersham, Director		Date: September 8, 2015
14	- · · · · · · · · · · · · · · · · · · ·	Division of Consolidated Plans and Audits		Date. September 6, 2015
	L	prision of Consolidated Fians and Addits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Martin C	County		State
	Street Address PO Box 3	366		
	City, State Zip Inez, KY	41224		Other:
			8	Method of Payment:
2	KDE Contact Information:	all c	No.	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HI.	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	_ ~	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	140	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements	5,	
	Cost Principles, and Audit Rec	uirements for Federal Awards in 2 CFR Part 200 and 3474.	EPAR	RED FOR
5	Award Amount: \$39,856.00	5 0 6 6		Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
		21/2		
12	Consortia/Partnership Memb			
13				ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST reflect	encumbra	ances.
14	Authorized By (Name/Title):	David Wickersham, Director		Date: September 8, 2015
•	• • • •	Division of Consolidated Plans and Audits		6 /
	_			

Agency Name Mason County Street Address PO Box 130 City, State Zip Maysville, KY 41056 **Method of Payment:** **Program Consultant** Street Address** **Street Address** **Street Address** **Street Address** **Street Address** **Method of Payment:** **Street Address** **Method of Payment:** **Street Address** **Federal Cash Request** **Expenditure Reimbursement** **Automatic Payment** **Automatic Payment**	
City, State Zip Maysville, KY 41056 B Method of Payment: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Other: Method of Payment: Expenditure Reimbursement Automatic Payment	
Reference Representation: Street Address Street A	
Z KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 □ Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT □ Automatic Payment	
Z KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 □ Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT □ Automatic Payment	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Expenditure Reimbursement Automatic Payment	
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum	
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor	1
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year: Monthly	
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B Pinancial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
T NOFICIENT OF T REPARED FOR	
5 Award Amount: \$53,405.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
Period of Award: July 1, 2013—September 50, 2017 TUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Sep	tember
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	
	Į.

Agency Name Mayfield Independent Street Address 914 College Street City, State Zip Mayfield, KY 42066 2	1	Name and Address of Recipie	ent:	7	Fund Type:		
City, State Zip Mayfield, KY 42066		Agency Name Mayfield	I Independent				
RDE Contact Information:		Street Address 914 Colle	ege Street		□ Federal		
Robe Contact Information:		City, State Zip Mayfield	I, KY 42066		Other:		
Robe Contact Information:							
Program Consultant Street Address Stoet Add				8	Method of Payment:		
Street Address Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT Street Address 500 Mero Street-16 th Floor-CPT Street Address 500 Mero Street-16 th Floor-CPT CTV, KY Zip Frankfort, KY 40601 Bescription/Fund Source of Award and Fiscal Year: Description Fy 16 Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PASS-through Number MOA Number MOA Number Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474: Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474: Authoratic Payment Lump Sum Receipt of Invoice from Vendor Monthly Quarterly Other Financial Reporting Method: Other Other Cher Financial Reporting Method: Other Other Financial Reporting Method: Other Financial Reporting Method: EDFOR The Financial Reporting Method: Other Consortia/Partnership Members: N/A Financial Reporting Method: EDFOR The Financial Reporting Method: December 8, 2017. All funds must be spent or encumbered by September 30, 2017. MUST reflect encumbrances.	2	KDE Contact Information:		R III III	Federal Cash Request		
Budget Contact Street Address Sool Mero Street-16" Floor-CPT City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Poscription Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# MUNIS Project Number MOA Number Pass-through Number Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HI I	Expenditure Reimbursement		
Street Address City, KY Zip Frankfort, KY 40601 Receipt of Invoice from Vendor Monthly		Street Address	500 Mero Street-8 th Floor -CPT	7///	Automatic Payment		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description Fy 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF DUCATION Consortia/Partnership Members: N/A Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum		
Description/Fund Source of Award and Fiscal Year: Description PY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI—Rural B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT Period Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Street Address	500 Mero Street-16 th Floor-CPT	-	Receipt of Invoice from Vendor		
Description/Fund Source of Award and Fiscal Year: Description		City, KY Zip	Frankfort, KY 40601				
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Evaluations: Evaluations: Evaluations: Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.				9	Reimbursement Frequency:		
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number MOA Number MOA Number Pass-through Number Pass-through Number Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	3	Description/Fund Source of A	Award and Fiscal Year:		Monthly		
Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Evaluations: Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Description	FY 16 Title VI—Rural and Low Income		Quarterly		
CFDA# 84.358B PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.			Secondary Education Act of 1965				
MUNIS Project Number N/A Pass-through Number N/A Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		CFDA#	84.358B				
MOA Number Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. May a decident of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		PR/AWARD NUMBER (FAIN)	S358B150017				
Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$31,744.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		MUNIS Project Number	350B	10	Financial Reporting Method:		
Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$31,744.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		MOA Number	N/A		Electronic Submission CDIP		
Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$31,744.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Pass-through Number	3140002-15	1			
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$31,744.00 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.					Other		
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$31,744.00 Feriod of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	4	Grant Authority (Source): NC	I.B. Title VI. Part B. Subpart 1 of ESEA EDGAR 34 CER Par	tc			
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$31,744.00 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	~						
5 Award Amount: \$31,744.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 12 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.				l l	ED EOD		
6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Cost i illicipies, and italie nee	quirements for rederar, maras in 2 of 10 are 200 and 5 17	TEPAR	ED FOR		
6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	5	Award Amount: \$31.744.00	51166		Evaluations:		
12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.			5 0 6 6	line.	33		
12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	6	Period of Award: July 1, 2015	5—September 30, 2017	- o- E	DUGATION		
Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		, ,	KENTUCKY DEPARTMEN	HOFE	DUCATION		
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	12	Consortia/Partnership Members: N/A					
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	13	· · · · · · · · · · · · · · · · · · ·	<u> </u>	by Decemb	ber 8, 2017. All funds must be spent or encumbered by September		
			· · · · · · · · · · · · · · · · · · ·	-			
14 Authorized Ry (Name/Title): David Wickersham Director Date: September 8, 2015							
	14				Date: September 8, 2015		
Division of Consolidated Plans and Audits			Division of Consolidated Plans and Audits				

1	Name and Address of Recipion	ent:	7	Fund Type:		
	Agency Name McCrea	ry County		State		
	Street Address 120 Raid	der Way				
	City, State Zip Stearns,	KY 42647		Other:		
			8	Method of Payment:		
2	KDE Contact Information:		CH-	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7=			
			9	Reimbursement Frequency:		
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15				
				Other		
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR F	Parts			
4		, 2CFR 3485, and the Uniform Administrative Requirem				
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	DED FOR		
	Cost i illelpies, and Addit Net	quirements for reactal Awards in 2 critical 200 and 3	TREPAR	RED FOR		
5	Award Amount: \$54,840.00			Evaluations:		
•		3 0 6 6	line.			
6	Period of Award: July 1 201	5—September 30, 2017				
	1 21134 31 71114141 341, 1, 231	5-September 50, ZENTUCKY DEPARTME	ENT OF E	DUCATION		
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted	ted by Decemb	iber 8, 2017. All funds must be spent or encumbered by September		
	= -	rt for the period ending September 30, 2017 MUST ref	•			
14		David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				

Agency Name McLean County Street Address PO Box 245 City, State Zip Calhoun, KY 42327 **ROBE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT **ROBE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT **ROBE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT **Automatic Payment**	
City, State Zip Calhoun, KY 42327 B Method of Payment: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Other: Rethod of Payment: Expenditure Reimbursement Automatic Payment	
Street Address Str	
Z KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
2 KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Expenditure Reimbursement Automatic Payment	
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum	
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B Pinancial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
I NOFICIENT OF THE PARED FOR	
5 Award Amount: \$31,594.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
Period of Award. July 1, 2013—September 30, 2017 TUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Sep	tember
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name Menifee	e County		State		
	Street Address PO Box	110				
	City, State Zip Frenchb	urg, KY 40322		Other:		
			8	Method of Payment:		
2	KDE Contact Information:		N Po	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT	11/	Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601				
			9	Reimbursement Frequency:		
3	Description/Fund Source of	Award and Fiscal Year:		Monthly		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965				
	CFDA#	84.358B				
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15	1.			
			11	Other		
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	- 7			
•		, 2CFR 3485, and the Uniform Administrative Requirements,		•		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR		
		T NOPICIENT ON T AL	- PAI	ED FOR		
5	Award Amount: \$21,448.00	5 11 ((Evaluations:		
		5 0 0	lines.			
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION		
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OF E	DUCATION		
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September		
		rt for the period ending September 30, 2017 MUST reflect e				
14	- ·	David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				
1						

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Mercer	County		State	
	Street Address 371 E. Le	exington St.			
	City, State Zip Harrods	burg, KY 40330		Other:	
			8	Method of Payment:	
2	KDE Contact Information:	all c		Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	110	Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 4	Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15			
				Other	
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts			
7		, 2CFR 3485, and the Uniform Administrative Requirements,			
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	ED EOD	
	cost i illespies, and radic net	quirements for redefair wards in 2 crivi are 250 and 5474.	PAR	RED FOR	
5	Award Amount: \$56,381.00			Evaluations:	
	, , , , , , , , , , , , , , , , , , , ,	3 0 6 6	line.	33	
6	Period of Award: July 1, 201	5—September 30, 2017	- E	DUGATION	
	, .	3-September 30, 2017 NTUCKY DEPARTMENT	OF E	DUCATION	
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Deceml	per 8, 2017. All funds must be spent or encumbered by September	
	= -	rt for the period ending September 30, 2017 MUST reflect e			
	A .1 . 1	S			
14		David Wickersham, Director		Date: September 8, 2015	
	l	Division of Consolidated Plans and Audits			
	<u> </u>				

1	Name and Address of Recipie	ent:	7	Fund Type:		
	Agency Name Metcalfe	e County		State		
	Street Address 109 Sart	in Drive				
	City, State Zip Edmonto	on, KY 42129		Other:		
			8	Method of Payment:		
2	KDE Contact Information:		O III	Federal Cash Request		
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement		
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment		
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum		
	Street Address	500 Mero Street-16 th Floor-CPT	~	Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, KY 40601	7 =			
	,, ,		9	Reimbursement Frequency:		
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly .		
	Description	FY 16 Title VI—Rural and Low Income		Quarterly		
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other		
		Secondary Education Act of 1965		_		
	CFDA#	84.358B	1			
	PR/AWARD NUMBER (FAIN)	S358B150017				
	MUNIS Project Number	350B	10	Financial Reporting Method:		
	MOA Number	N/A		Electronic Submission CDIP		
	Pass-through Number	3140002-15				
				Other		
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	orte			
4		2CFR 3485, and the Uniform Administrative Requirement				
		juirements for Federal Awards in 2 CFR Part 200 and 34		ED EOD		
	cost i illicipies, and Addit Net	full chieffs for redefal Awards in 2 chieff are 200 and 34	KEPAR	RED FOR		
5	Award Amount: \$29,903.00			Evaluations:		
•	7 111 2 1 2 1 111 2 211 3 1 4 23,300100	3 0 6 6	-	33		
6	Period of Award: July 1, 2015	5—September 30, 2017				
	, ,	3-September 30, 2017NTUCKY DEPARTME	NT OF E	DUCATION		
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September		
	=	rt for the period ending September 30, 2017 MUST refle	-			
14	• • • • •	David Wickersham, Director		Date: September 8, 2015		
		Division of Consolidated Plans and Audits				

l A				Fund Type:	
1 .	Agency Name Middlesb	oro Independent		State	
S	Street Address PO Box 9!	59			
C	City, State Zip Middlesb	oro, KY 40965		Other:	
			8	Method of Payment:	
2 K	(DE Contact Information:		1 100	Federal Cash Request	
P	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
S	Street Address	500 Mero Street-8 th Floor -CPT	111	Automatic Payment	
В	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 4/4	Lump Sum	
S	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
С	City, KY Zip	Frankfort, KY 40601			
			9	Reimbursement Frequency:	
3 D	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
D	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
F	und Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
С	CFDA#	84.358B			
P	PR/AWARD NUMBER (FAIN)	S358B150017			
N	MUNIS Project Number	350B	10	Financial Reporting Method:	
N	MOA Number	N/A		Electronic Submission CDIP	
P	Pass-through Number	3140002-15			
				Other	
4 G	Grant Authority (Source): NCL	B, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts			
		2CFR 3485, and the Uniform Administrative Requirements,			
		uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR	
		NOT ICIEM TOK IT ME	PAR	ED FOR	
5 A	Award Amount: \$23,674.00			Evaluations:	
		5 0 6 6		33	
6 P	Period of Award: July 1, 2015	—September 30, 2017		DUCATION	
	, .	-september 30, 2017 TUCKY DEPARTMENT	DF E	DUCATION	
12 C	Consortia/Partnership Members: N/A				
13 S	Special Instructions/Condition	is: The final Federal Cash Request must be submitted by I	Decemb	per 8, 2017. All funds must be spent or encumbered by September	
3	30, 2017. The quarterly report	for the period ending September 30, 2017 MUST reflect en	cumbra	nces.	
14 A	Authorized By (Name/Title):			Date: September 8, 2015	
	Di	vision of Consolidated Plans and Audits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Monroe County			State
	Street Address 309 Emb	perton St.		
	City, State Zip Tompkir	nsville, KY 42167		Other:
			8	Method of Payment:
2	KDE Contact Information:		V 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
			11	Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements,	7	
	Cost Principles, and Audit Red	quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
		THOTICIENT OF THE	W W N.W.	
5	Award Amount: \$35,468.00			Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF F	DUCATION
12	Consortia/Partnership Meml	<u> </u>		
13	'='			per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
17	I	Division of Consolidated Plans and Audits		Dute. September 6, 2013
		Sission of Consolidated Flans and Addits		

Agency Name				
City, State Zip Mount Sterling, KY 40353 Other:				
Reministration: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address Street A				
KDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor-CPT Automatic Payment Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 9 Reimbursement Frequency:				
KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Expenditure Reimbursement Street Address 500 Mero Street-8th Floor -CPT Automatic Payment Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum Street Address 500 Mero Street-16th Floor-CPT Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 9 Reimbursement Frequency:				
Program Consultant Street Address 500 Mero Street-8 th Floor -CPT Budget Contact Street Address 500 Mero Street-16 th Floor-CPT City, KY Zip Frankfort, KY 40601 Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor 9 Reimbursement Frequency:				
Street Address Budget Contact Street Address Street Address				
Budget Contact Street Address City, KY Zip Vickie Terry: 502-564-4979 ext. 4330 Street-16 th Floor-CPT Frankfort, KY 40601 Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Receipt of Invoice from Vendor Receipt of Invoice from Vendor 9 Reimbursement Frequency:				
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 9 Reimbursement Frequency:				
City, KY Zip Frankfort, KY 40601 9 Reimbursement Frequency:				
9 Reimbursement Frequency:				
3 Description/Fund Source of Award and Fiscal Year:				
Description FY 16 Title VI—Rural and Low Income Quarterly				
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other				
Secondary Education Act of 1965				
CFDA# 84.358B				
PR/AWARD NUMBER (FAIN) S358B150017				
MUNIS Project Number 350B 10 Financial Reporting Method:				
MOA Number N/A Electronic Submission CDIP				
Pass-through Number 3140002-15				
Other				
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts				
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,				
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.				
THOPICIENT OF THE PANED FOR				
5 Award Amount: \$92,577.00 Evaluations:				
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION				
Period of Award: July 1, 2013—September 30, 2017 NTUCKY DEPARTMENT OF EDUCATION				
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Sept	ember			
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.				
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015				
Division of Consolidated Plans and Audits				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Morgan County			State
	Street Address PO Box	489		
	City, State Zip West Lik	perty, KY 41472		Other:
			8	Method of Payment:
2	KDE Contact Information:		N Po	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11/	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1.	
			11	Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
•		, 2CFR 3485, and the Uniform Administrative Requirements,		•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
		T NOPICIENT ON T AL	- PAI	ED FOR
5	Award Amount: \$40,477.00	5 11 ((Evaluations:
		5 0 0	lines.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	•	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
		rt for the period ending September 30, 2017 MUST reflect e		
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:	
	Agency Name Muhlen	berg County		State	
	Street Address 510 Wes	st Main Street		Federal	
	City, State Zip Powderl	y, KY 42367		Other:	
			8	Method of Payment:	
2	KDE Contact Information:		FILE	Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	7 =		
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15	- 1 1		
				Other	
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts		
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,				
		quirements for Federal Awards in 2 CFR Part 200 and 3	905	RED FOR	
	. ,	I NOTICILIVI OLI	NL CAL	LDTOR	
5	Award Amount: \$97,371.00	5 0 0 0		Evaluations:	
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION	
		RENTOCKT DEPARTME	INT OF L	DOCATION	
12	Consortia/Partnership Mem	bers: N/A			
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	rances.	
14		David Wickersham, Director		Date: September 8, 2015	
		Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:			Fund Type:
	Agency Name Murray	ndependent		State
	Street Address 208 S 13	th St		
	City, State Zip Murray,	KY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	irts	
•		2CFR 3485, and the Uniform Administrative Requireme		
		uirements for Federal Awards in 2 CFR Part 200 and 34		RED FOR
	• ,	I NOFICIENT OF I	ALFAI	LD FOR
5	Award Amount: \$30,973.00	5 0 0 0		Evaluations:
			-	
6	Period of Award: July 1, 2015	5—September 30, 2017	NT OF E	DUCATION
		KENTOCKT DEPARTMEN	INT OF L	DOCATION
12	Consortia/Partnership Memb	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitte	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST refle	ect encumbra	ances.
1.4	Authorized D. (Nome /Title)	David Wiekersham Director		Date: Contombox 9, 2015
14	Authorized By (Name/Title):	David Wickersnam, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	L	vivision of Consolidated Plans and Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Nicholas	County		State
	Street Address 395 W N	Nain St		□ Federal
	City, State Zip Carlisle,	KY 40311		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HI /	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-	- 1	2CFR 3485, and the Uniform Administrative Requirement		
		quirements for Federal Awards in 2 CFR Part 200 and 3474		RED FOR
	3 3 3 3 3 3 3 3 3 3	WOLIGIEM JOK IN	EPAR	ED FUR
5	Award Amount: \$21,533.00			Evaluations:
		5 0 0	lines.	
6	Period of Award: July 1, 2015	5—September 30, 2017	of E	DUCATION
	-	KENTUCKY DEPARTMEN	OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted I	y Deceml	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect	encumbra	ances.
4.5	A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D : 1W() D: 1		D. 1. C. 1. 1. 0.2015
14	- ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Ohio Co	unty		State
	Street Address PO Box 7	70		□ Federal
	City, State Zip Hartford	, KY 42347		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	arts	
		2CFR 3485, and the Uniform Administrative Requirement		
		uirements for Federal Awards in 2 CFR Part 200 and 34	h.	RED FOR
		I NOTICILITY OF I	11-1-11	LDTON
5	Award Amount: \$80,547.00	S U C C		Evaluations:
			-	
6	Period of Award: July 1, 2015	5—September 30, 2017	NT OF E	DUCATION
		KENTOCKI DEPARTIVIE	INT OF L	DOCATION
12	Consortia/Partnership Memb	pers: N/A		
13	=		-	ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST refle	ect encumbra	ances.
1.4	Authorized Du (Nove / Title)	David Wielegraham Dinaster		Date: Contorphon 0, 2015
14		David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	L	vision of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Owen C	ounty		State
	Street Address 1600 Hv	vy 22 E		
	City, State Zip Owento	n, KY 40359		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	11 11	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary	1	Other
		Secondary Education Act of 1965		_
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
7		, 2CFR 3485, and the Uniform Administrative Requirements,	7	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED EOD
	cost i illespies, and radic net	quirements for redefair (wards in 2 er fer are 200 and 347 4.	PAR	RED FOR
5	Award Amount: \$36,581.00			Evaluations:
	, ,	5 0 6	Banes.	
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
		3-September 30, 2012 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect en	ncumbra	ances.
4.5	A II I I I I I I I I I I I I I I I I I	D : IME I I D: I		D. I. C. I. I. C. 2045
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Owsley County			State
	Street Address PO Box	340		
	City, State Zip Boonevi	lle, KY 41314		Other:
			8	Method of Payment:
2	KDE Contact Information:		N Po	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11/	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1.	
			11	Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
•		, 2CFR 3485, and the Uniform Administrative Requirements,		•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
		T NOTICIENT OF T NE	- PAI	ED FOR
5	Award Amount: \$13,785.00	5 11 ((Evaluations:
		5 0 0	lines.	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
	, .	5-September 50, 2017 NTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	,	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
		rt for the period ending September 30, 2017 MUST reflect e		
<u> </u>				
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:	
	Agency Name Paintsvi	lle Independent		State	
	Street Address 305 2nd	St		□ Federal	
	City, State Zip Paintsvil	lle, KY 41240		Other:	
			8	Method of Payment:	
2	KDE Contact Information:		FILE	Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	7 =		
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15	- 1 1		
				Other	
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts		-
•	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,				
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR	
	,	I NOFICIENT OF I	NEPAI	ALD FOR	
5	Award Amount: \$15,818.00	5 11 0 0		Evaluations:	
			and the same of		
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION	
		RENTOCKY DEPARTME	ENT OF E	DOCATION	
12	Consortia/Partnership Mem	bers: N/A			
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.	
					_
14		David Wickersham, Director		Date: September 8, 2015	
		Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pendleto	on County		State
	Street Address 2525 Hw	y 27 N		
	City, State Zip Falmout	h, KY 41040		Other:
			8	Method of Payment:
2	KDE Contact Information:		I III	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	74	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
			11.	Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements,		
	Cost Principles, and Audit Red	uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
5	Award Amount: \$46,663.00	5 0 6 6		Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
12	Consortia/Partnership Meml			
13	=	· · · · · · · · · · · · · · · · · · ·		per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
	• • • • •	Division of Consolidated Plans and Audits		September 0, 2013
	<u> </u>			

1	Name and Address of Recipient:			Fund Type:
	Agency Name Perry County			State
	Street Address 315 Park	< Ave		
	City, State Zip Hazard,	KY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:		1 10	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	11/11	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	(Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-	· · · · · · · · · · · · · · · · · · ·	2CFR 3485, and the Uniform Administrative Requirements,	×	
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
	, ,	I NOTICIENT OF THE	E PAIR	LD FOR
5	Award Amount: \$78,578.00	5 0 0 0		Evaluations:
		5 0 0 0		
6	Period of Award: July 1, 201	5—September 30, 2017	OF E	DUCATION
		RENTOCKT DEPARTMENT		DOCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	cumbra	ances.
44	Authoritani Du (Alaus a /=111.)	David Wishardson, Diseases		Date: Cantagolag 0, 2045
14		David Wickersham, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Pike Cou	nty		State
	Street Address 316 S. M	•		
	City, State Zip Pikeville	, KY 41502		Other:
			8	Method of Payment:
2	KDE Contact Information:	-11	T IV III	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B	No.	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
4		2CFR 3485, and the Uniform Administrative Requirement		
		juirements for Federal Awards in 2 CFR Part 200 and 3474		DED FOR
	cost i finciples, and Addit Nec	full efficients for rederal Awards in 2 critical 200 and 3474	EPAN	RED FOR
5	Award Amount: \$173,809.00			Evaluations:
		5 0 6		
6	Period of Award: July 1 201	5—September 30, 2017	-	
	Teriod of Attard. July 1, 2015	5-September 30, 2017 NTUCKY DEPARTMENT	T OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A		1
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	=	rt for the period ending September 30, 2017 MUST reflect	-	
14		David Wickersham, Director		Date: September 8, 2015
		Pivision of Consolidated Plans and Audits		

Agency Name Pikeville Independent Street Address 148 Second Street City, State Zip Pikeville, KY 41501 2	1	Name and Address of Recipient:			Fund Type:
City, State Zip Pikeville, KY 41501		Agency Name Pikeville	Independent		
RDE Contact Information: Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8th Floor-CPT Budget Contact Vickie Terry: 502-564-3979 ext. 4330 Street Address 500 Mero Street-16th Floor-CPT City, KY Zip Frankfort, KY 40601 Pescription Frish Floor-CPT Frankfort, KY 40601 Pescription Frish Source Award and Fiscal Year: Description Frish Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965		Street Address 148 Seco	ond Street		Federal
Robe Contact Information:		City, State Zip Pikeville	, KY 41501		Other:
Robe Contact Information:					
Program Consultant Street Address Stoet Add				8	Method of Payment:
Street Address Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Street Address 500 Mero Street-16 th Floor-CPT Street Address 500 Mero Street-16 th Floor-CPT Street Address 500 Mero Street-16 th Floor-CPT CTV, KY Zip Frankfort, KY 40601 Bescription/Fund Source of Award and Fiscal Year: Description Fy 16 Title VI-Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PASS-through Number MOA Number MOA Number Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. FeD FOR Secondary Education Chief Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. ED FOR Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	2	KDE Contact Information:		P No.	Federal Cash Request
Budget Contact Street Address Sool Mero Street-16° Floor-CPT City, KY Zip Frankfort, KY 40601 9 Receipt of Invoice from Vendor Perceiption/Fund Source of Award and Fiscal Year:		Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HI	Expenditure Reimbursement
Street Address City, KY Zip Frankfort, KY 40601 Receipt of Invoice from Vendor Monthly		Street Address	500 Mero Street-8 th Floor -CPT	71//	Automatic Payment
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) 3358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$24,273.00 6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION 2 Evaluations: 5 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum
Description/Fund Source of Award and Fiscal Year: Description PY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# PR/AWARD NUMBER (FAIN) MON Number MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017 The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Street Address	500 Mero Street-16 th Floor-CPT	-	Receipt of Invoice from Vendor
Description/Fund Source of Award and Fiscal Year: Description		City, KY Zip	Frankfort, KY 40601		
Description/Fund Source of Award and Fiscal Year: Description				9	Reimbursement Frequency:
Description FY 16 Title VI—Rural and Low Income Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
Secondary Education Act of 1965 CFDA# 84.358B PR/AWARD NUMBER (FAIN) S358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Evaluations: Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Description	FY 16 Title VI—Rural and Low Income		
CFDA# 84.358B PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Evaluations: Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
PR/AWARD NUMBER (FAIN) \$358B150017 MUNIS Project Number 350B MOA Number N/A Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Evaluations: Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.			Secondary Education Act of 1965		
MUNIS Project Number N/A Pass-through Number N/A Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		CFDA#	84.358B		
MOA Number Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Mard Amount: \$24,273.00 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		PR/AWARD NUMBER (FAIN)	S358B150017		
Pass-through Number 3140002-15 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. Award Amount: \$24,273.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		MUNIS Project Number	350B	10	Financial Reporting Method:
Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$24,273.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		MOA Number	N/A		Electronic Submission CDIP
Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts 77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$24,273.00 Evaluations: Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Pass-through Number	3140002-15		
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$24,273.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.					Other
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$24,273.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	4	Grant Authority (Source): NC	I.B. Title VI. Part B. Subnart 1 of ESEA EDGAR 34 CER Par	tc	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474. 5 Award Amount: \$24,273.00 Feriod of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	7		·		
5 Award Amount: \$24,273.00 Evaluations: 6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A 12 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.			73 73		ED EOP
6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.		Cost i illicipies, and i aute nee	quirements for reactar, that as in 2 of that 200 and 517	KEPAR	ED FUR
6 Period of Award: July 1, 2015—September 30, 2017 Consortia/Partnership Members: N/A Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	5	Award Amount: \$24.273.00			Evaluations:
12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.			3 0 6 6	llen.	39
12 Consortia/Partnership Members: N/A 13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	6	Period of Award: July 1, 2015	5—September 30. 2017		
Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September 30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.			KENTUCKY DEPARTMEN	IT OF E	DUCATION
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	12	Consortia/Partnership Meml	pers: N/A		
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	13	· · · · · · · · · · · · · · · · · · ·	<u> </u>	by Decemb	ber 8, 2017. All funds must be spent or encumbered by September
				-	
14 Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	14				Date: September 8, 2015
Division of Consolidated Plans and Audits			Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:	
	Agency Name Powell C	County		State	
	Street Address PO Box 4	430		Federal	
	City, State Zip Stanton,	, KY 40380		Other:	
			8	Method of Payment:	
2	KDE Contact Information:		CHE	Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	· /	Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	7 =		
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15	- 1 1		
				Other	
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts		
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,				
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR	
	. ,	I NOTICILIVI OLI	NETAL	LDTOR	
5	Award Amount: \$46,449.00	5 0 0 0		Evaluations:	
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION	
		RENTOCKT DEPARTME	INT OF L	DOCATION	
12	Consortia/Partnership Meml	pers: N/A			
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.	
14		David Wickersham, Director		Date: September 8, 2015	
		Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pulaski (County		State
	Street Address PO Box 2	1055		
	City, State Zip Somerse	et, KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:		M to	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	11/	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	18	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	- 1	
-	- 1	2CFR 3485, and the Uniform Administrative Requirements		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
	3 3 3 3 3 3 3 3 3 3	NOTICIENT OF THE	EPAI	ED FUR
5	Award Amount: \$157,070.00			Evaluations:
	, , , , , , , , , , , , , , , , , , , ,	3 0 6 6	llen.	33
6	Period of Award: July 1, 2015	5—September 30, 2017	0 F E	DUGATION
	, ,	5—September 30, 2017	OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A	•	
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted b	/ Deceml	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect ϵ	ncumbra	ances.
4.	A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. Hurt I. D. J.		D. 1. C. 1. 1. 0.2015
14	- ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Rockcastle County			State
	Street Address 245 Rich	nmond St		
	City, State Zip Mount \	/ernon, KY 40456		Other:
			8	Method of Payment:
2	KDE Contact Information:		W 100	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	11/11	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	4	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
				Other
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
-		, 2CFR 3485, and the Uniform Administrative Requirements,		•
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	DAD	RED FOR
	,	I NOFICIENT OF I ME		ED FOR
5	Award Amount: \$55,268.00	5 11 6 6		Evaluations:
		5 0 0	Manage .	
6	Period of Award: July 1, 201	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
	·	RENTUCKY DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Mem	bers: N/A	•	
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	nces.
14	- ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		
1				

1	Name and Address of Recipient:			Fund Type:	
	Agency Name Rowan (County		State	
	Street Address 121 E Se	econd St			
	City, State Zip Morehe	ad, KY 40351		Other:	
			8	Method of Payment:	
2	KDE Contact Information:		PHE	Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	7 =		
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:	11	Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15	- 1		
				Other	
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR F	Parts		
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,				
		quirements for Federal Awards in 2 CFR Part 200 and 3	*Ch	RED FOR	
	. ,	I NOTICILINI OLI	NECAN	LD FOR	
5	Award Amount: \$62,717.00	5 0 0		Evaluations:	
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION	
		RENTOCKY DEPARTME	ENT OF L	DOCATION	
12	Consortia/Partnership Mem	bers: N/A			
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitted	ted by Decemb	ber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	ances.	
		B 1111/1 B			
14		David Wickersham, Director		Date: September 8, 2015	
		Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:			Fund Type:
	Agency Name Russell (County		State
	Street Address PO Box	440		Federal
	City, State Zip Jamesto	wn, KY 42629		Other:
			8	Method of Payment:
2	KDE Contact Information:		FILE	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts	
		2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR
	. ,	I NOTICILINI OLI	NECAN	LDTON
5	Award Amount: \$57,901.00	5 0 0 0		Evaluations:
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKT DEPARTME	ENT OF L	DOCATION
12	Consortia/Partnership Mem	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitt	ted by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	flect encumbra	rances.
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

Agency Name Russellville Independent Street Address 355 S Summer St City, State Zip Russellville, KY 42276 **Russellville, KY 42276** **Russellville Independent State Street Address Other: **Rederal Other: **State Street Add of Payment: **Federal Cash Request Street Address Street Addr	
City, State Zip Russellville, KY 42276 Other:	
Region Street Address Street Addre	
2 KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 □ Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT □ Automatic Payment	
2 KDE Contact Information: Federal Cash Request Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 □ Expenditure Reimbursement Street Address 500 Mero Street-8 th Floor -CPT □ Automatic Payment	
Program Consultant Vicki Fosbender: 502-564-3791 ext. 4026 Street Address 500 Mero Street-8 th Floor -CPT Expenditure Reimbursement Automatic Payment	
Street Address 500 Mero Street-8 th Floor -CPT Automatic Payment	
Budget Contact Vickie Terry: 502-564-4979 ext. 4330 Lump Sum	
	1
Street Address 500 Mero Street-16 th Floor-CPT Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year: Monthly	
Description FY 16 Title VI—Rural and Low Income Quarterly	
Fund Source NCLB, Title VI, Part B, Subpart 1 of Elementary Other	
Secondary Education Act of 1965	
CFDA# 84.358B	
PR/AWARD NUMBER (FAIN) S358B150017	
MUNIS Project Number 350B 10 Financial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 3140002-15	
Other	
4 Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	
77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,	
Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
T NOTICIENT OF T REPARED FOR	
5 Award Amount: \$19,628.00 Evaluations:	
6 Period of Award: July 1, 2015—September 30, 2017 DEPARTMENT OF EDUCATION	
Period of Award: July 1, 2013—September 30, 2017 TUCKY DEPARTMENT OF EDUCATION	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by Sept	ember
30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.	
Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015	
Division of Consolidated Plans and Audits	

1	Name and Address of Recipient:			Fund Type:
	Agency Name Simpson	County		State
	Street Address PO Box 4	467		Federal
	City, State Zip Franklin	, KY 42135		Other:
			8	Method of Payment:
2	KDE Contact Information:		CHE	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7	
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1 1	
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	arts	
		2CFR 3485, and the Uniform Administrative Requirem		
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR
	. ,	I NOTICILIVI OLI	NL CAL	LDTOR
5	Award Amount: \$57,601.00	5 0 0 0	-	Evaluations:
			, and the same of	
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION
		RENTOCKY DEPARTME	INT OF L	DOCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitt	ed by Decemb	nber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Somerse	t Independent		State
	Street Address 305 N Co	ollege St		□ Federal
	City, State Zip Somerse	et, KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:		M	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	- 44	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts	- 1	
-	- 1	2CFR 3485, and the Uniform Administrative Requirements		
		quirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
	3 3 3 3 3 3 3 3 3 3	A WOLIGIEM LOKALW	EFAI	ED FUR
5	Award Amount: \$31,936.00			Evaluations:
		5 0 0 0	Manage	
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
	,	5—September 30, 2017	OF E	DUCATION
12	Consortia/Partnership Memb	pers: N/A	•	
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted b	y Deceml	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect	encumbra	ances.
4.5	A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. Hurt I. D. J.		D
14	- ·	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:			Fund Type:	
	Agency Name Taylor C	ounty		State	
	Street Address 1209 E E	Broadway		Federal	
	City, State Zip Campbe	llsville, KY 42718		Other:	
			8	Method of Payment:	
2	KDE Contact Information:		CHE	Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	/	Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	7		
			9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:	1	Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15	- 1 1		
				Other	
4	Grant Authority (Source): NO	CLB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	arts		
	77, 79, 81, 82, 97, 98, and 99, 2CFR 3485, and the Uniform Administrative Requirements,				
		quirements for Federal Awards in 2 CFR Part 200 and 3	405	RED FOR	
	. ,	I NOTICILINI OLI	ALTAI	LDTON	
5	Award Amount: \$50,773.00	5 0 0 0	-	Evaluations:	
			The same of the sa		
6	Period of Award: July 1, 201	5—September 30, 2017	ENT OF E	DUCATION	
		RENTOCKT DEPARTME	INT OF L	DOCATION	
12	Consortia/Partnership Meml	bers: N/A			
13	Special Instructions/Condition	ons: The final Federal Cash Request must be submitt	ed by Decemb	nber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST ref	lect encumbra	rances.	
14		David Wickersham, Director		Date: September 8, 2015	
		Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:			Fund Type:
	Agency Name Todd Co	unty		State
	Street Address 205 Airp	ort Road		
	City, State Zip Elkton, k	Y 42220		Other:
			8	Method of Payment:
2	KDE Contact Information:		O III	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	~	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
	,, ,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly .
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		_
	CFDA#	84.358B	1	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
				Other
4	Grant Authority (Source): NO	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa	orts	
7		2CFR 3485, and the Uniform Administrative Requirement		
		juirements for Federal Awards in 2 CFR Part 200 and 34	is a second	DED FOR
	Cost i illelpies, and riddle nee	fall effection reactal rival as in 2 of it rait 200 and 3	KEPAR	RED FOR
5	Award Amount: \$38,936.00	51166		Evaluations:
		3 0 6 6	-	33
6	Period of Award: July 1, 2015	5—September 30, 2017		DUGATION
	, ,	S-September 30, 2017 NTUCKY DEPARTME	NT OF E	DUCATION
12	Consortia/Partnership Meml	pers: N/A		
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST refl	ect encumbra	nces.
14	• • • • •	David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Trimble	County		State
	Street Address PO Box 2	275		□ Federal
	City, State Zip Bedford	KY 40006		Other:
			8	Method of Payment:
2	KDE Contact Information:		W 100 .	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	-	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	-	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1	
			11.	Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements,		
	Cost Principles, and Audit Rec	uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR
			2 2 1.0	
5	Award Amount: \$27,120.00	SUCC		Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017 DEPARTMENT	OF E	DUCATION
12	Consortia/Partnership Members: N/A			
13	=	· · · · · · · · · · · · · · · · · · ·		ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect er	ncumbra	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
17	• • • • •	Division of Consolidated Plans and Audits		September 0, 2013
	-	And the consolidated Flans and Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Union County			State
	Street Address 510 S M	art St		□ Federal
	City, State Zip Morgani	field, KY 42437		Other:
			8	Method of Payment:
2	KDE Contact Information:	all c	No.	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HII	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	4//	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	-	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	1.	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
	77, 79, 81, 82, 97, 98, and 99,	2CFR 3485, and the Uniform Administrative Requirements	,	
	Cost Principles, and Audit Rec	quirements for Federal Awards in 2 CFR Part 200 and 3474.	FPA I	RED FOR
5	Award Amount: \$45,036.00	SUCC		Evaluations:
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
			-	
12	Consortia/Partnership Members: N/A			
13	=		-	ber 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect	encumbr	ances.
14	Authorized By (Name/Title)	David Wickersham, Director		Date: September 8, 2015
17	• • • • •	Division of Consolidated Plans and Audits		September 0, 2013
	-	STANSION OF CONSONAUTER FIRMS WHO MUNICIPALITY		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Washing	ton County		State
	Street Address 120 Mag	kville Hill Rd		
	City, State Zip Springfie	eld, KY 40069		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	· /	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	*/	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7 =	
	,, ,		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	∑ Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
	_			Other
4	Grant Authority (Source), NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR P	Parts	
4		2CFR 3485, and the Uniform Administrative Requirem		
		juirements for Federal Awards in 2 CFR Part 200 and 3	103	ED FOR
	Cost i filicipies, and Addit Net	direments for rederal Awards in 2 Critir are 200 and 5	REPAR	RED FOR
5	Award Amount: \$31,829.00			Evaluations:
•	7.1.1.d. d. 1.1.1.0 d. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	3 0 0	line.	
6	Period of Award: July 1, 2015	5—September 30, 2017		
•		3-September 30, ZENTUCKY DEPARTME	ENT OF E	DUCATION
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitt	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September
	_	rt for the period ending September 30, 2017 MUST ref	•	
14		David Wickersham, Director		Date: September 8, 2015
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Wayne (County		State
	Street Address 1025 Sou	uth Main Street		
	City, State Zip Montice	llo, KY 42633		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026		Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT	3111	Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330	<u> </u>	Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT	***	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	7.5	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		_
	CFDA#	84.358B	146	
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15		
	S			Other
4	Current Aceth a vita (Cacaras), NG	ID Title VI Down D. Culturant 1 of ECCA FDCAD 24 CFD Do		
4		LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Pa		
		2CFR 3485, and the Uniform Administrative Requiremous for Federal Awards in 2 CFR Part 200 and 34	in the second se	SED FOR
	Cost Principles, and Addit Rec	quirements for Federal Awards III 2 CFK Part 200 and 34	KEPAF	RED FOR
5	Award Amount: \$63,851.00			Evaluations:
,	Award Amount. \$05,651.00	3 0 6 6	_	Lvaluations.
6	Period of Award: July 1 201	5—September 30, 2017	_	
	Terror of Award. July 1, 2013	3-September 30, Zelfntucky Departme	NT OF E	DUCATION
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted	ed by Decemb	per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	rt for the period ending September 30, 2017 MUST refl	ect encumbra	inces.
14	Authorized By (Name/Title):	David Wickersham Director		Date: September 8, 2015
14	• • • • •	Division of Consolidated Plans and Audits		Date. September 6, 2013
	_	vivision of Consolidated Figure and Addits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Webster	County		State
	Street Address 28 State	Rt 1340		□ Federal
	City, State Zip Dixon, K	Y 42409		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	No.	Federal Cash Request
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	HI	Expenditure Reimbursement
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	100	Monthly
	Description	FY 16 Title VI—Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other
		Secondary Education Act of 1965		
	CFDA#	84.358B		
	PR/AWARD NUMBER (FAIN)	S358B150017		
	MUNIS Project Number	350B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3140002-15	A \ _	
				Other
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts		
		2CFR 3485, and the Uniform Administrative Requirements		
		uirements for Federal Awards in 2 CFR Part 200 and 3474.		RED FOR
		T NOTICIENT OF THE		ED TON
5	Award Amount: \$42,810.00	5 0 0 0		Evaluations:
			-	
6	Period of Award: July 1, 2015	5—September 30, 2017	OF E	DUCATION
			01 -	DOCATION
12	Consortia/Partnership Memb	<u> </u>		
13				per 8, 2017. All funds must be spent or encumbered by September
	30, 2017. The quarterly report	t for the period ending September 30, 2017 MUST reflect	encumbra	ances.
1.0	Authorized Du/Mosso/Title\	David Wiekersham Director		Data: Contombor 9 2015
14	Authorized By (Name/Title):	David Wickersnam, Director Division of Consolidated Plans and Audits		Date: September 8, 2015
	Ľ	vivision of Consolidated Plans and Audits		

1 N	Name and Address of Recipient:		7	Fund Type:	
A	Agency Name Whitley	County		State	
St	Street Address 300 Mair	n Street		□ Federal	
C	City, State Zip Williams	burg, KY 40769		Other:	
			8	Method of Payment:	
2 K	KDE Contact Information:		V Inc	Federal Cash Request	
P	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	4 17	Expenditure Reimbursement	
St	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment	
В	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum	
St	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor	
c	City, KY Zip	Frankfort, KY 40601			
			9	Reimbursement Frequency:	
3 D	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
D	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
F	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
C	CFDA#	84.358B			
P	PR/AWARD NUMBER (FAIN)	S358B150017			
№	MUNIS Project Number	350B	10	Financial Reporting Method:	
l N	MOA Number	N/A		Electronic Submission CDIP	
P	Pass-through Number	3140002-15			
				Other	
4 G	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts			
	• •	2CFR 3485, and the Uniform Administrative Requirements,			
		uirements for Federal Awards in 2 CFR Part 200 and 3474.	PAF	RED FOR	
		T NOFICIENT OR T NE	- AI	ED FOR	
5 A	Award Amount: \$83,094.00	5 11 ((Evaluations:	
	. ,	5 0 0	lilanos.		
6 P	Period of Award: July 1, 2015	S—September 30, 2017	O = E	DUCATION	
	•	5-September 30, 2017 TUCKY DEPARTMENT	OF E	DUCATION	
12 C	Consortia/Partnership Members: N/A				
13 S	Special Instructions/Condition	ns: The final Federal Cash Request must be submitted by	Decemb	per 8, 2017. All funds must be spent or encumbered by September	
1	30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.				
14 A		David Wickersham, Director		Date: September 8, 2015	
	D	ivision of Consolidated Plans and Audits			

1	· ·		7	Fund Type:			
	Agency Name Williams	burg Independent		State			
	Street Address 1000 Ma	nin St		□ Federal			
	City, State Zip Williams	burg, KY 40769		Other:			
			8	Method of Payment:			
2	KDE Contact Information:		N Per	Federal Cash Request			
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	110	Expenditure Reimbursement			
	Street Address	500 Mero Street-8 th Floor -CPT		Automatic Payment			
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum			
	Street Address	500 Mero Street-16 th Floor-CPT		Receipt of Invoice from Vendor			
	City, KY Zip	Frankfort, KY 40601					
			9	Reimbursement Frequency:			
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly			
	Description	FY 16 Title VI—Rural and Low Income		Quarterly			
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other			
		Secondary Education Act of 1965					
	CFDA#	84.358B					
	PR/AWARD NUMBER (FAIN)	S358B150017					
	MUNIS Project Number	350B	10	Financial Reporting Method:			
	MOA Number	N/A		Electronic Submission CDIP			
	Pass-through Number	3140002-15					
				Other			
4	Grant Authority (Source): NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts					
•		2CFR 3485, and the Uniform Administrative Requirements,					
		quirements for Federal Awards in 2 CFR Part 200 and 3474.	PAR	RED FOR			
	,	T NOTICIENT ON THE	EAU	ED FUN			
5	Award Amount: \$15,733.00	5 11 ((Evaluations:			
		0 0 0	- Compa				
6	Period of Award: July 1, 2015	5—September 30, 2017 DEPARTMENT	OF E	DUCATION			
		RENTOCKY DEPARTMENT	OFL	DOCATION			
12	Consortia/Partnership Members: N/A						
13	Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 8, 2017. All funds must be spent or encumbered by September						
	30, 2017. The quarterly repo	rt for the period ending September 30, 2017 MUST reflect e	ncumbra	ances.			
4.4							
14	Authorized By (Name/Title): David Wickersham, Director Date: September 8, 2015						
	Division of Consolidated Plans and Audits						
		Kentucky Department of E	ducatio	nn .			
	Kentucky Department of Education						

Award Notification

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Wolfe County			State	
	Street Address PO Box 2	160		□ Federal	
	City, State Zip Camptoi	n, KY 41301		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Vicki Fosbender: 502-564-3791 ext. 4026	1 100	Expenditure Reimbursement	
	Street Address	500 Mero Street-8 th Floor -CPT	41	Automatic Payment	
	Budget Contact	Vickie Terry: 502-564-4979 ext. 4330		Lump Sum	
	Street Address	500 Mero Street-16 th Floor-CPT	4	Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		-53	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY 16 Title VI—Rural and Low Income		Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of Elementary		Other	
		Secondary Education Act of 1965			
	CFDA#	84.358B			
	PR/AWARD NUMBER (FAIN)	S358B150017			
	MUNIS Project Number	350B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3140002-15			
				Other	
4	Grant Authority (Source), NC	LB, Title VI, Part B, Subpart 1 of ESEA, EDGAR 34 CFR Parts			
-		2CFR 3485, and the Uniform Administrative Requirements,			
		quirements for Federal Awards in 2 CFR Part 200 and 3474.			
	cost i illicipies, and Addit Net	quirements for reactar Awards in 2 cirk rait 200 and 5474.	DAI	ED FOR	
5	Award Amount: \$25,108.00	F KUFICIENT OX F KE	PAI	Evaluations:	
	7.11.4 7.1104111. 723,100.00	SIICC			
6	Period of Award: July 1, 201	5—Sentember 30, 2017		5 5	
	1 61104 6171114141 341, 1, 2013	V			
12	Consortia/Partnership Members: N/A				
13	•		Decem	ber 8, 2017. All funds must be spent or encumbered by September	
	30, 2017. The quarterly report for the period ending September 30, 2017 MUST reflect encumbrances.				
14		David Wickersham, Director		Date: September 8, 2015	
	Г	Division of Consolidated Plans and Audits			
	L	Division of Consolidated Plans and Audits			